

# The American Journal of NURSING

VOLUME XXVI

FEBRUARY, 1926

NUMBER 2



## Official Registries and Professional Progress

**F**ORMED one by one in scattered cities in the United States, for the most part of comparatively recent origin, official registries for nurses have already reached a position of outstanding importance in the nursing profession, and are likely to prove a factor of incomparable significance in its development in the next decade.

Those who look ahead, to the future place of the official registry, see a nationwide organization able to tell at a minute's notice the nursing needs in all of its branches and the exact distribution of the members of the profession. They see the registries of all the states forming a network of ethical placement bureaus operated by personnel experts, a great unified whole, meeting the community needs, and thus the placement needs of nurses the country over. Surely, these ends are not too much to expect in the light of the present advancement.

So gradual has this growth been, however, that even those most closely asso-

ciated with the profession have been slow to realize its meaning. When official registries were first started, they were looked upon as local organizations conducted for the benefit of nurses in a

given community, each registry a separate entity, responsible only to its immediate members. They have slowly taken upon themselves ramifications until they have become the arteries of the nursing profession, the units closely correlated, unavoidably interdependent, each contributing to the well-being of the whole.

This correlation is demonstrated daily in a score of states. Private duty nurses who

are served by a registry in one city know that in over seventy other cities in the United States, nurses are receiving the same service; they know that this service is operated at a minimum cost to them; that in all of these communities exact information is at all times obtainable on the nursing care required and the number of nurses available; that any one of these official

**I**F THE official registries are to attain complete usefulness, the organizations responsible for their conduct must be on the alert to sense the changing requirements of their communities and of the nursing profession.

*When the profession shall have attained the goal of a network of highly efficient and ethical placement bureaus, extending the filaments of its service up and down and across the entire country, it will have gone far toward equalizing the distribution of nurses.*

directories of the profession will not only protect their interests as individual nurses, but will uphold the nursing standards of the nation.

#### A Study of Seventy-five Registries

This fact was brought out strongly in a recent survey completed, in which a study was made of seventy-five registries in the United States by the American Nurses' Association. In answer to the questionnaires sent out in 1924, some registries reported that they were having a hard struggle to exist, others that the registry was functioning to their satisfaction, but one fact stands out through the story of them all,—*that those interested in them have the good of the profession and of the community at heart.* All sections of the country were included in the questionnaire returned to Headquarters, twenty-four states and the District of Columbia being represented in the study made. States taking part were: Indiana, California, Pennsylvania, New York, Illinois, Georgia, Minnesota, Washington, North Carolina, Missouri, South Carolina, Michigan, Tennessee, Texas, Vermont, Georgia, District of Columbia, Oregon, Utah, Maryland, Nebraska, Kentucky, New Jersey, Wisconsin and Massachusetts. Their interest in their local problems and the problems of the profession in general augurs well for the future of registries in the United States.

Names chosen by registries show considerable variety. "Central Registry," "Central Directory," "Nurses Registry" and "Nurses' Club and Directory" are some of the titles used, but there are many others. A number have adopted the name, "Official Registry for Nurses," the title recommended at the Biennial Convention in Detroit in 1924.

Twenty-seven are conducted by district associations, a smaller group by local graduate nurses' associations, and

still others by alumnae associations, state organizations and nurses' clubs.

#### The Registrar

In many instances the registrar is appointed by the registry committee of the state association, in others, by the executive board of the district association, the local nurses' association, or the alumnae association, and occasionally by the private duty section of the state nurses' association. Salaries of registrars vary from \$2,400 at the top, down through \$2,100 and \$1,200 and in one case a married nurse received \$720 for conducting the registry in her home.

Judging from the qualifications specified, a registrar must be an unusual woman in many ways. First, the consensus of opinion is that she should be a registered nurse in good standing in her state association. Others stipulate that she must have business and executive ability as well and some, that she shall have had private duty experience. In a few cases, executive, hospital or nursing school experience is added to the requirements, and one registry says significantly: "The registrar must be able to answer the telephone pleasantly at all times." In short, she must have breadth of view, a comprehensive knowledge of nursing and community needs, character, ability and tact.

#### Extending the Service

That the placement field of the registries is constantly broadening is shown by the fact that only twenty-nine of those studied limit their services to registered nurses only. Others include undergraduates, practical nurses, male nurses, domestic nurses and masseurs in their field of service, and one registry accepts practical nurses whose applications have been signed by two physicians by whom they have been employed



and by two members of the nurses' association.

Twenty of the registries studied show a membership ranging from one hundred to five hundred, but the registry of average size serves from twenty-five to seventy-five nurses. Conspicuous by their size are three registries at the top with from one thousand to thirteen hundred women on their membership while closest to them is a group of seven with between five hundred and one thousand.

Although the dues paid are notably small, fifty-five of the registries report that they are self-supporting. Annual fees run from five dollars for associate members and ten dollars for registered members up through twelve, fifteen and eighteen dollars yearly. These dues are, of course, very small, compared to the charges of commercial registries which usually operate on a percentage basis. The amount of overcharging for which some of these registries are responsible will never be known, but the whole profession is stigmatized.

Twenty-seven registries were described as "operating satisfactorily," but a number said that the project in their communities was too new to judge adequately, and others that their inability to fill calls for institutional positions was a source of disappointment to them. Many feel that they are handicapped by the fact that comparatively few nurses want institutional work, and one registry committee chairman says sorrowfully: "Our registry is satisfactory except for the small salary we are able to pay the registrar who is fine and deserves better remuneration." With a better understanding of the functions of the registry in the community, the salary angle of the question will take care of itself.

Among the special difficulties encountered are the unwillingness of many nurses to register for general work or to

leave town, and the lack of coöperation on the part of the hospitals which call their own graduates and use nurses who are not registry members. One registry takes care of the out-of-town problem by stating in its rules that no nurse may refuse out-of-town cases. In a number of places it is reported that too many nurses are selecting the same kind of work, this narrow specialization sometimes creating an artificial shortage which gives a community a wrong impression of the profession. What is called "the general unsettled condition of nurses" and "the lack of loyalty of some nurses" is also a contributing factor.

#### Further Studies Needed

But studies of the profession do not end here, for nurses realize that the complexity of their profession will increase with the growing complexity of modern life. A survey is now being made of private duty nursing in New York State, and it is expected that other states will follow suit within the next year. According to the present trend, the study is likely to indicate that the basic problem is one of organization and distribution, but nurses who have been pondering these questions for a long time, realize that some time must elapse before any real answer is found.

The general direction in which the solution may lie, however, is seen in a state like Texas which has eleven official registries stretched like a net across her vast territory. By means of this network, she should be able, at any time, to place her fingers on the nursing needs in her state, and with the same precision with which a general knows of the formation of his armies in the field, she should be able, at a moment's notice, to tell what the distribution of her nurses is. As a result of this knowledge, she should be in a position to take

care of any emergency at once, and to move her nurses from place to place with dispatch.

If, in a wider sense, the official registries are to grow to their rightful stature, they must be on the alert to sense the needs of their profession, and the changing requirements of the communities they serve. If both the nursing and the general public is to be informed, every possible ethical advantage should be taken of the advertising facilities offered by our professional magazines and other suitable periodicals. To offer and to give a high grade of service to nurses, to the medical profession and to the community,—this is the registry's only reason for being. Some have already reached this goal; all are striving for it.

Upon the seventy-five registries listed below, therefore, rests the future of the profession to a degree which cannot be overestimated. They are well worth perusal.

#### Official Registries

- Alabama—Nurses' Registry, 3401 Willow Ave., Birmingham.
- Arizona—Doctors' and Nurses' Registry, 311 W. Jefferson St., Phoenix.
- California—San Francisco County Nurses' Association Club House and Nurses' Central Directory, 1155 Pine St., San Francisco.  
Los Angeles Nurses' Club House and Central Registry, 211 S. Lucas St., Los Angeles.  
Nurses' Registry, 3017 Harrison St., Oakland.  
Nurses' Registry, 17 W. Valerio St., Santa Barbara.
- Connecticut—Central Registry for Nurses, Inc., 1221 Chapel St., New Haven.
- Delaware—Nurses' Directory, 607 Broom St., Wilmington.
- D. of C.—Nurses' Central Registry, 1337 K St., N.W., Washington, D. C.
- Georgia—Atlanta Registered Nurses' Club, 346 North Blvd., Atlanta.
- Illinois—Chicago Nurses' Club and Directory, 116 S. Michigan Ave., Chicago.
- Nurses' Registry, 1141 N. Second St., Springfield.
- Indiana—Nurses' Central Directory, 234 E. Pratt St., Indianapolis.  
Graduate Nurses' Registry, 1306 S. 21st St., Lafayette.  
Nurses' Registry, 507 S. First St., Evansville.  
Nurses' Registry, 2018 California Ave., Fort Wayne.
- Iowa—Nurses' Registry, 1140 19th St., Des Moines.
- Kansas—Nurses' Registry, 1027 Western, Topeka.  
Nurses' Registry, Asbury Hospital, Salina.  
Nurses' Registry, 1004 S. Topeka, Wichita.
- Kentucky—Registered Nurses' Central Directory, 326 S. Broadway, Lexington.  
Nurses' Central Directory, 922 S. 6th St., Louisville.
- Louisiana—Nurses' Registry, 1132 S. Carrollton Ave., New Orleans.
- Maine—Central Registry, State St., Portland.
- Maryland—The Central Directory of Registered Nurses, Inc., 1211 Cathedral St., Baltimore.
- Massachusetts—Central Directory, 636 Beacon St., Boston.  
Central Nurses' Registry, 110 Elm St., Worcester.
- Michigan—Nurses' Central Registry, 213 N. Ingals St., Ann Arbor.  
Central Directory for Nurses of the First District, 4708 Brush St., Detroit.  
Nurses' Central Directory, 606 W. Court St., Grand Rapids.  
Seventh District of Michigan State Nurses' Association Directory for Nurses, Central Bureau of Nursing, Lansing.
- Minnesota—Central Registry, 1511 E. Superior St., Duluth.  
Central Registry of the Third District, 681 Curtis Hotel, Minneapolis.  
Office and Central Directory of the Fourth District, 326 Cedar St., St. Paul.
- Missouri—Central Directory of the Second District, 3031 Charlotte St., Kansas City.  
Central Directory of the Third District, 4543 Westminster Pl., St. Louis.  
Nurses' Registry, 534 State St., Springfield.

Nebraska—Graduate Nurses' Official Directory, 601 S. 32d St., Lincoln.

Nurses' Central Club and Registry, 2420 Harney St., Omaha.

New Jersey—Nurses' Central Registry, Le Grand Apartments, Atlantic City.

New Mexico—Nurses' Official Registry, Ives Memorial Bldg., Albuquerque.

New York—Graduate Nurses' Registry, 443 Linwood Ave., Buffalo.

Central Registry for Nurses of the New York County Registered Nurses' Association, 132 E. 45th St., New York.

Nurses' Central Directory, 37 S. Goodman St., Rochester.

Registry of District No. 4, 405 Fayette St., Syracuse.

North Dakota—Nurses' Registry, 422 First St., Bismarck.

Ohio—Central Registry and Information Bureau, 2157 Euclid Ave., Cleveland.

Toledo Directory of Graduate Nurses, 319 Superior St., Toledo.

Official Registry, 1108 Charlotte Ave., Youngstown.

Oklahoma—Nurses' Central Registry, 229 E. 5th St., Oklahoma City.

Oregon—Nurses' Official Registry, 673 Johnson St., Portland.

Pennsylvania—Allegheny County Central Directory for Nurses, 5820 Alder St., Pittsburgh.

Rhode Island—Nurses' Registry, 184 Waterman St., Providence.

South Carolina—Nurses' Registry, Columbia. Nurses' Registry, 17 College St., Charleston.

Tennessee—Chattanooga Central Registry, 856 McCallie Ave., Chattanooga.

Central Directory for Registered Nurses, 261 E. Iowa St., Memphis.

Texas—Graduate Nurses' Official Registry, 1605 Tyler St., Amarillo.

Graduate Nurses Official Registry, City Hospital, Austin.

Graduate Nurses' Official Registry, 2624 Ross St., Dallas.

Graduate Nurses' Official Directory, 715 E. Rio Grande St., El Paso.

Graduate Nurses' Official Registry, 1110 Sixth Ave., Fort Worth.

Graduate Nurses' Official Registry, John Sealy Hospital, Galveston.

Graduate Nurses' Official Registry, 1106 Louisiana Street, Houston.

Graduate Nurses' Official Registry, 216 Garden St., San Antonio.

Graduate Nurses' Official Registry, Temple. Graduate Nurses' Official Registry, Providence Sanatorium, Waco.

Graduate Nurses' Official Registry, 1200 Austin St., Wichita Falls.

Vermont—Graduate Nurses' Official Registry, 16 Colchester Ave., Burlington.

Washington—Official Central Directory, Room 4, Y. W. C. A. Bldg., Seattle.

Registry for the Fourth District of the State Graduate Nurses' Association, Y. W. C. A. Bldg., Spokane.

Central Directory for Southeastern Washington, 304 East Poplar St., Walla Walla.

Nurses' Registry, 902 A Street, Room 15, Tacoma.

West Virginia—Nurses' Central Registry, 1408 Quarrier St., Charleston.

Wisconsin—Wisconsin Nurses' Club and Directory, 88 Prospect Ave., Milwaukee.



### What We Stand For

The secret of a rewarding life is involved in the very constitution of our personalities. We all of us have a representative capacity; we can stand for something not ourselves,—ideas, ideals, causes: we can identify ourselves with them until no one can think of us without thinking of the things for which we stand. This is one of the most amazing powers resident in personality.

\* \* \* \* \*

In those spacious personalities that have bestrode the world like Washington and Lincoln the working of this capacity is easy to see. . . . What we need to understand is that this representative capacity is in the least of us. The pith of the whole matter lies here: *the smallest of us can stand for the greatest things.*

—HARRY EMERSON FOSDICK.



# A State-Wide Program for Health Education

BY L. JANE DUFFY, R.N.

**T**EXAS has recently inaugurated a movement that promises to be a valuable aid in promoting Health Education in the state. This movement owes its being to the Texas State Medical Association which, through its Committee on Health Problems in Education, adopted a resolution to invite the State Department of Education, the State Teachers' Association, the Texas Public Health Association, the University of Texas, and such organizations as it deemed wise, to appoint special committees to study health problems in education and to meet with the committee of the State Medical Association during this year.

Following the policy as above outlined, this Committee on Health Problems in Education invited all leading educational institutions and organizations of the state to appoint committees to represent their respective bodies at a meeting to be held on November 25, in Dallas. This date immediately preceded the convening of the State Teachers' Convention in this place, and thus provided for the attendance of leading state educators.

The meeting convened on the date as specified with representatives present from twenty-one state institutions and organizations.

At this initial gathering, which was mainly for the purpose of organization, the time was given over to the election of officers, appointment of committees and general plans of work. The Texas Federation for Health Education was the official name adopted; its functions to be representative, coöperative and advisory; to study health problems in education in coöperation with the National Committees on Health Prob-

lems in Education of the American Medical Association and the National Education Association; and to study and consider communications referred by organizations and institutions composing its membership.

The necessary committees for government and regulation of the organization were appointed as also committees on Curricula and Organization of Health Programs for Universities, Colleges, High Schools and Elementary Schools.

This organization proposes to divide the state into representative units for the representation of academies and high schools; primary and rural schools; city school boards and other organizations that desire to affiliate and to extend to them an invitation to become members of the Federation.

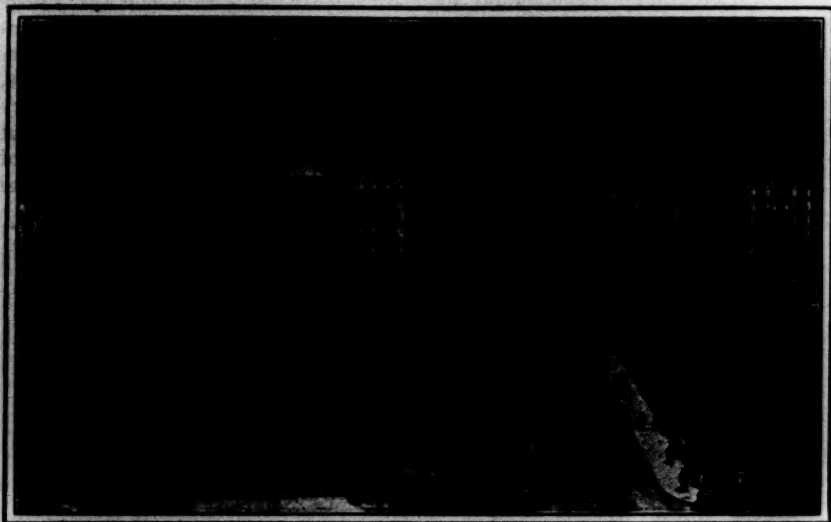
The Texas Graduate Nurses' Association was included among the organizations requested to send delegates and was represented by a committee of five members: Mrs. Helen T. Lehmann, Dallas; May Smith, Dallas; Mrs. Zula Powell, Fort Worth; Louise Dietrich, El Paso and Jane Duffy, Austin.

C. W. Goddard, M.D., Chief of the University of Texas Health Service, was elected President. It was decided to hold a called meeting of the Federation on May 23, 1926, in Houston, directly preceding the annual convention of the Texas State Medical Association.



"In what may be called the natural method of teaching, the student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end."—Life of Sir William Osler, by Dr. HARRY CUSHING.

## International Headquarters



GENEVA—ROUSSEAU'S ISLE AT THE LEFT. AS SEEN FROM THE WINDOWS OF  
INTERNATIONAL NURSING HEADQUARTERS

"This moment yearning and thoughtful sitting alone,  
It seems to me there are other men in other lands yearning and thoughtful,  
It seems to me that I can look over and behold them in Germany, Italy, France, Spain,  
Or far, far away, in China or in Russia, or Japan, talking other dialects,  
And it seems to me if I could know these men  
I should become attached to them, as I do to men in my own lands.  
Oh I know we should be brethren and lovers,  
I know I should be happy with them."

—WALT WHITMAN, in "Leaves of Grass."

**A**T THE first general session of the International Council of Nurses at Helsingfors, Baroness Mannerheim sounded a trumpet call to action in the following words:

The question of our duties to the nurses of the world rises before us, and compels us to take a stand and come to a decision as to our future policy. Shall it continue on the old pre-war lines or shall it become more active? In other words, when nurses all over the world claim help and advice, are they to get it from us, the only international nursing organization, or shall they be obliged to go to other sources for what they want? . . . May we go to work with clear heads and open hearts, and asking help that we may see the

right way where that help is never denied to those who ask for it?

Out of the thoughtful deliberations grew the decision to establish the office of the International Council of Nurses which is pictured herewith, at Geneva, Switzerland, with Christiane Reimann in charge. Says Miss Reimann, "This is a modest beginning and the walls are waiting for pictures of persons and subjects relating to our past as well as our present history of nursing."

The thought of the legions of nurses represented by the membership of the International is deeply inspiring. The

work which Miss Reimann has undertaken is Herculean. Although no appeal has been made, further voluntary response on America's part to its support, until the member associations have ratified and paid the dues assessed on the new basis, would mean much, so, too, will prompt support of "*The F. C. N.*"

the wall paper, curtains and the tapestry of the furniture is blue with a tinge of drab, the former, the color of the International Council, being chosen according to decisions taken at Halila, Finland, last summer. The room is very spacious and will provide an excellent place for the meetings of the Board of Directors, if so desired. It will also be



SMALL OFFICE, INTERNATIONAL NURSING HEADQUARTERS

Miss Reimann tells us that "the small office, with only one window, is Madame Velleman's domain and her typewriter is busily rattling away all day long when the telephone bell is not ringing, or she is not informing people that we are not an English employment agency for children's maids!"

"The 'Conference Room' has four windows overlooking the beautiful Lake Lemman and the Place du Lac. The furniture is mahogany and the color of

useful for nurses passing through Geneva as a room for study, where they can utilize the international material."

It is noted that, although a good nucleus of books on nursing and general reference material has been collected, many of the bookshelves are still empty. Complete files of the official magazines from twenty-one countries and edited in thirteen languages will one day (may it not be distant!) make a brave showing on them and prove an





CONFERENCE ROOM, INTERNATIONAL NURSING HEADQUARTERS

invaluable source of international information. In making the request for a set of bound volumes of our own *Journal*, which we published in January, and which is not yet answered, Miss Reimann quite characteristically hoped her request would not "seem too immoderate." Immoderate? With what pride should America send the volumes containing the history of the member organization which is numerically greatest of them all.

It is stimulating to know that Baroness Mannerheim's clarion call was answered. A center from which "help and advice" to the nurses of the world can be radiated is now functioning in an ideal situation in Geneva, that beautiful and remarkable city wherein is focussed so much of the far-visioned thought of the world.

The organizations enumerated below are the member organizations, but the service of the I. C. N. will by no means be limited to them. The offices here

pictured are to become, in truth, a center of world nursing.

#### **The International Council of Nurses**

President: Nina D. Gage, Dean, Hunan-Yale School of Nursing, Changsha, Hunan, China.

Secretary: Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

Official magazine: *The I. C. N.*

#### **Member Organizations**

##### **Great Britain**

The National Council of Trained Nurses of Great Britain, 25,000 members (July, 1925).

President: Mrs. Ethel Bedford Fenwick, 431 Oxford St., London W.

Hon. Secretary: Helen L. Pearse, 431 Oxford St., London W.

Official magazine: *The British Journal of Nursing*.

##### **United States of America**

The American Nurses' Association, 52,002 members (1925).

President: Adda Eldredge, Capitol Building, Madison, Wisconsin.

Headquarters: 370 7th Ave., New York, N.Y.

Official magazine: *The American Journal of Nursing*.

### Germany

Berufsorganisation der Krankenpflegerinnen Deutschlands, 3,500 members (Sept., 1925).

President: Generaloberin Agnes Karll, Regensburgerstrasse 28, Berlin W 50.

Secretary: Oberlin Kohler, Regensburgerstrasse 28, Berlin W 50.

### Canada

The Canadian Nurses' Association, 10,928 members (1924).

President: Jean Brown, 410 Sherbourne St., Toronto, Ontario.

Executive Secretary: Jean Wilson, National Nursing Headquarters, 609 Boyd Building, Winnipeg, Manitoba.

Official magazine: *The Canadian Nurse*.

### Denmark

Dansk Sygeplejersaad, 5,400 active members, 400 associate members (July, 1925).

President: Mrs. Henny Tscherning, Classensgade 13, Copenhagen.

Secretary: Vilhelmine Jessen, 29 Frederiksborggade, Copenhagen.

Official magazine: *Tidsskrift for Sygepleje*.

### Holland

Nederlandische Vereniging Tot Bevordering der Belangen van Verpleegsters en Verplegers (The Netherlands Association for the Furtherance of Nurses, Male and Female), 825 members (July, 1925).

President: Meta Kehrre, Vondelstraat 182, Amsterdam.

Secretary: M. Verwey Mejan, Hondecoeterstraat 20, Amsterdam.

Official magazine: *Nosokomos*.

### Finland

Sjukskoterskeföreningen i Finland—Suomen Sairaanhoidtajataryhdistys, 500 members (July, 1925).

President: Baroness Sofie Mannerheim, Kirurgiska Sjukhuset, Helsingfors.

Secretary: Mrs. Helga Hartman, Kirurgiska Sjukhuset, Helsingfors.

Official magazine: *Sairaanhoidtajatarliitto*.

### India

The Trained Nurses' Association of India, 400 members (November, 1924).

President: Mrs. G. D. Franklin, 33 Rajpur Road, Delhi.

Secretary: E. Griffin, Farkat Manzil, Nicholson Road, Delhi.

Official magazine: *The Nursing Journal of India*.

### New Zealand

The New Zealand Trained Nurses' Association, 1,100 members (1924).

President: Miss Hood, care Miss Inglis, Thompson Road, Napier.

Secretary: H. G. Inglis, Thompson Road, Napier.

Official magazine: *Kai Tiaki*.

### Belgium

Fédération Nationale des Infirmières Belges (Nationaal Verbond der Belgische Verpleegsters), 750 members (July, 1925).

President: Mlle. Jeanette Hellemans, Rue de l'Empereur 311, Malines.

Secretary: Mlle. la Comtesse d'Ursel, 47 Rue de Joncker, Bruxelles.

Official magazine: *Revue de L'Infirmiers*.

### China

The Nurses' Association of China, 1,000 members (July, 1925).

President: Gladys Stephenson, Anlu, Hupeh, China.

General Secretary: Cora E. Simpson, Nurses' Ass'n of China, Hankow, Hupeh, China.

Official magazine: *The Quarterly Journal for Chinese Nurses*.

### Italy

Associazione Nazionale Italiana tra Infermiere, 150 members (1924).

President: Egle Pilastrini, Via Toscana 12, Roma 25.

Secretary: Guia Leonesi, Via Marsale 50, Napoli (Naples).

Official magazine: *Le Bolletino*.

### Norway

Norsk Sykepleierske-Forbund, 1,520 members (July, 1925).

President: Sister Bergliot Larsson, 12 Universitetgaten, Oslo.

Secretary: Sister Elise Furuholmen, 12 Universitetgaten, Oslo.

Official magazine: *Sykepleien*.

### South Africa

The South African Trained Nurses' Association, 1,200 members (1924).

President: Mrs. L. L. Bennie, Johannesburg Hospital, Johannesburg, Transvaal.

Secretary: Bella Gordon Alexander, Matron, Johannesburg Hospital, Johannesburg, Transvaal.

Official magazine: *The South African Nursing Record*.

### Bulgaria

The Bulgarian Nurses' Association, "Flore Nightingale," 42 members (July, 1925).

President: Boiana Christova, Bulgarian Red Cross, Boulevard Makedonia 49, Sofia.

Secretary: Zlata Toltukova, Bulgarian Red Cross, Blvd. Makedonia 49, Sofia.

Official magazine: *Sestra*.

### Cuba

Asociacion Nacional de Enfermeras de la Republica de Cuba, 320 members (1924).

President: Emma Deufeu, Clinica Ledon Uribe, San Rafael Y Mazon, Habana.

Secretary: Angela Lastra, Clinica Ledon Uribe, San Rafael Y Mazon, Habana.

Official magazine:

### France

Association Nationale des Infirmières Diplo-

mées de l'Etat Francais, 350 members (July, 1925).

President: L. M. Chaptal, 66 Rue Vercingetorix, Paris XIVe.

Secretary: Jeanne de Joannis, 10 Rue Amyot, Paris Ve.

Official magazine: *L'Infirmière Francaise*.

### The Irish Free State

The National Council of Trained Nurses of the Irish Free State, 130 members (July, 1925).

President: Alice Reeves, Matron, Doctor Steevens' Hospital, Dublin.

Secretary: Ruth C. Nicolls, Doctor Steevens' Hospital, Dublin.

Official magazine:

### Poland

The National Association of Polish Trained Nurses, 75 members (July, 1925).

President: Helen L. Bridge, Ul. Smolna No. 6, Warsaw.

Secretary: Ladwigo Suffczyncka, Ul. Smolna No. 6, Warsaw.

Official magazine:



## Collection and Dispensing of Breast Milk

BY EDITH M. PHILBIN, R.N.

**H**UMAN milk has always been considered the perfect infant food, and amongst certain classes has been provided without question by mothers for their babies; in fact, we find through the annals of history the whole-souled mother in the poorer classes taking to breast the motherless babe of her neighbor, knowing that a greater kindness cannot be done than sharing, with another less fortunate, the precious food supplied her for her own offspring.

In other circles we find that mothers who can but will not nurse their babies, and have means at their disposal, secure the services of wet nurses; these mothers, too, although unwilling to incon-

venience themselves, realize that breast milk is nature's perfect food.

The installation into the household of a wet nurse is frequently inconvenient to the family; room and board for both wet nurse and her infant must be provided, and rather than cause such disturbance many mothers prefer to give their infants milk prepared from a formula.

Dr. Henry Dwight Chapin, in a paper read before the American Pediatric Society, writes: "One of the most remarkable anomalies in vital statistics consists in the fact that in New York City the infant death rate is lowest in some of the poorest and most densely populated districts." This condition is due to the



fact that the foreign mothers of the poorer classes invariably nurse their babies.

In October, 1921, the Board of Directors of the Children's Welfare Federation, New York, many of whom are of the medical profession, wishing to broaden their scope of helpfulness and realizing the advantages of breast feeding and the unlimited results that might be obtained if such food were easily procurable, started as an experiment a bureau for the collection and sale of mothers' milk.

A matron was secured and installed in one of the Department of Health Stations. The doctors and nurses of the various Baby Health Stations referred to the matron those mothers having milk in excess of that needed for their own babies. With the permission of the mothers, the matron called at their homes to collect the milk expressed by them. This method soon proved unsatisfactory and the mothers were induced to visit the Health Station daily, or twice daily, to express their milk.

Milk collected during the first three months and dispensed to hospitals: 78 quarts 8 ounces. October, 1921, to July 31, 1925, inclusive:

Milk collected .....	3,272 qt. 5 oz.
Milk dispensed:	
Sold to hospitals and private patients .....	3,022 qt. 3 oz.
To hospitals and private patients (unable to pay for same) .....	200 qt. 2 oz.
Number of mothers producing milk .....	134
Infants (private patients) supplied .....	278
Hospitals and institutions supplied .....	59
Largest quantity supplied to one baby .....	2,221¼ oz.
Largest quantity expressed by one mother .....	10,648 oz.
(or 332 quarts and 24 oz.) over a period of thirteen months.	

The first unit organized continues to function in the Baby Health Station.

During the spring of 1924, a unit was established in a hospital carrying a maternity service and we have endeavored to obtain mothers by teaching them at the pre-natal clinic the importance of nursing their own babies, having our matron see these same patients in the maternity ward during the puerperal period, then meet the mother at the time of her first visit with her baby to the Baby Health Clinic and finally a home visit by the matron, if the doctor decides the mother has more milk than is needed for her own baby.

The third unit functions independently of either Health Station or Hospital.

While we feel that no money value can be placed on this precious food, we remunerate the mothers for their time, allowing ten cents per ounce for the first five ounces expressed each day, and fifteen cents per ounce for every ounce over five. The mothers are paid by checks, many of them receiving between twenty and thirty dollars per week.

The mothers eligible to give milk are, with few exceptions, referred to us by Baby Health or Pediatric Clinic doctors and nurses. The baby is weighed every two weeks to insure a normal gain. Should loss of weight occur, the mother discontinues giving milk until her own baby is normal. No physical examination of the mother is made.

To the question frequently asked, "Do the donors receive a Wasserman test?" we reply, "No." Many physicians agree that syphilis cannot be transmitted through breast milk. Doctor Parks, Pathologist, of New York City, Department of Health, rendered the decision that any possible danger would be eliminated by pasteurization. Pasteurization is left to the discretion of the doctor on the case and the

patient is furnished with type-written instructions for pasteurization. We accept only those mothers whose babies are in good health and under close supervision of doctors and nurses of Baby Health Stations.

Frequently a mother expresses but an ounce or two of milk on her first visit to the unit, but by the proper regulation of nursing periods for her own baby, and by stripping her breasts at the unit, at the same hour each day, she very soon increases her supply to fifteen or twenty ounces, plus the feeding necessary for her own baby.

No special diet for the mother is recommended other than plain nourishing food. Personal hygiene is taught, if necessary. Mothers who have not nursed their babies regularly learn to do so when they realize that regular attendance at the unit increases their supply of milk.

The collection and distribution of breast milk are conducted in accordance with the highest standards possible.

#### The Collection of Milk

The milk is collected under the supervision of a matron. The mothers are taught to wash their hands with running water and soap before expressing their milk; the matron washes her hands with running water and soap, then cleanses the mother's nipples with cooled boiled water and cotton pledget, one nipple at a time, the matron not permitting the mother to express milk from a nipple that has been touched by her clothing until it is again cleansed. Cleansing the nipples also gives the matron an opportunity to talk to the mother regarding personal hygiene. The mothers are carefully screened, the matron, only, being in a position to observe. A clean towel is tucked into the clothing under the breast, also covering the lap, and a sterilized graduate is placed on the

lap. Mothers strip their own breasts,—pumps are not used.

Milk is transferred from graduates to sterile gallon bottles, pooled, and placed in the refrigerator to cool, ready for distribution into smaller sterile bottles upon receipt of orders.

A specimen of pooled milk from each unit is analysed monthly at a hospital laboratory. A report of this analysis for one month compared with the standard set for human milk follows:

<i>Human</i>		<i>Pooled Specimen —Human</i>	
Fat -----	4%	Fat -----	3.8%
Protein -----	1.5%	Protein -----	1.5%
Lactose -----	7%	Lactose -----	7.2%

The supply of milk fluctuates, as many conditions control the visits of the nursing mothers to the unit: inclement weather, holidays, illness at home, etc.

#### Dispensing the Milk

Each patient, when receiving the first order of milk, is instructed in writing how to pasteurize it.

The milk is sold upon receipt of an order from a doctor. All orders are received at the Central Office, at which time a short history of patient is taken; the order is then telephoned to the unit most convenient to the patient's home. A charge of twenty-five cents per ounce is made when the patient can afford to pay the same. A deposit of thirty cents is required on the first bottle which is returned to the patient when the order for milk is discontinued. Special rates are made for Social Service Departments of Hospitals. When occasion demands, i.e., when the mother would gladly nurse her baby but is physically unable to do so and is financially unable to pay for the milk, it is given without charge.

Daily records of milk collected and dispensed are kept by matrons and

reports are mailed each evening to the Central Office.

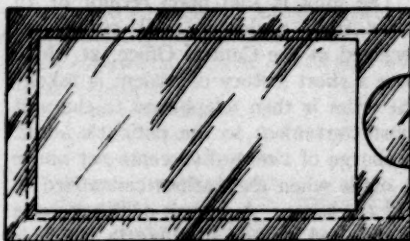
#### The Case of Baby M.

A typical case benefited by mothers' milk is that of Baby M., delivered by Caesarean Section, weight 4 lbs. 13 oz.

First eleven days, breast fed; then on formulae for eight days. On the fourth day of artificial feeding, the baby reached 5 lbs. 3 oz. and on the eighth day fell to 4 lbs. 12 oz. On this day the formula was discontinued and the Children's Welfare Federation began to supply mothers' milk (from 16 oz. to 20 oz. daily). Baby gained 2 oz. the next day, 3 oz. the day following, and continued to gain weight; on the thirty-seventh day reaching 6 lbs. 10 oz. At this time one artificial feeding a day was added to the maternal milk feedings. Mothers' milk was discontinued on the sixty-fifth day, the baby then weighing 9 lbs. 13 oz.



#### A Suggestion for Head Nurses



Every head nurse has had difficulty in keeping medicine cards clean for, in spite of one, they will blow off glasses and, with the willfulness of inanimate

things, usually on to the spot where something has been spilled. A cheap, transparent, and convenient protecting envelope can be made by stitching together on a sewing machine exposed X-ray films which have been washed with soap and water. Try them on one ward. The obvious improvement will create demands that will temporarily tax the sewing room, for the dietetic department may become covetous and want them also for diet cards.



#### The Dangerous Age to Have Measles

It is among children *under three years of age* that most of the deaths occur and among whom the disease is most likely to be fatal. This is shown in the following table which gives for various age groups the percentage of cases resulting in death.

	Per cent
Under 1 year .....	8.62
1 year .....	5.05
2 years .....	1.51
3 years .....	0.71
4 years .....	0.36
5 to 9 years .....	0.16
10 to 14 years .....	0.14
15 to 19 years .....	0.31
20 years and over .....	0.99

It will be seen from this table that measles is more dangerous to children under three years of age than it is at any time later in life and that it is least dangerous between the fifth and fifteenth years. It shows how important it is to keep children from getting measles during the *first three years*, especially the first two years.

Measles usually kills indirectly by preparing the way for pneumonia. It is important, therefore, if measles does occur in very young, very old or poorly nourished persons to give the best of care *from the very beginning* of the disease, in order to *prevent complications*.  
—*Health News* (New York), Dec. 28, 1925.



# New York Inspection

## Registration of Professional Schools by the Board of Regents of the University of the State of New York

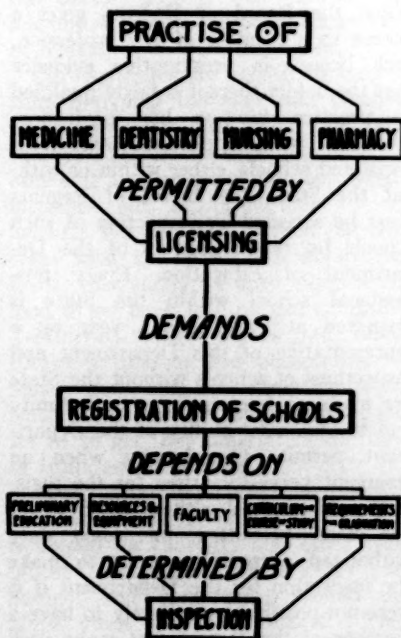
BY AUGUSTUS S. DOWNING, L.L.D.

THE Regents of The University of the State of New York, a constitutional body since 1784, is charged with the supervision of all educational policies of the State.

In 1889, the granting of medical licenses was by law made a function of the Board of Regents and since that time, in amending the several professional laws, such amendments have followed the same procedure as that governing the practice of medicine.

From time to time the State Legislature has enacted laws for the protection of public health, the chief factor in such protection being that all individuals holding themselves out as capable of rendering such professional service be properly trained therefor and give evidence of their qualifications by passing licensing examinations. To be assured that the training in the various professional institutions shall be thorough and adequate, every professional law provides that an institution from which a graduate may be eligible to take a licensing examination shall be formally registered by the Board of Regents.

Naturally, then, before an institution may be registered, it is essential that the fullest information possible be obtained concerning the school seeking registration and an *inspection* becomes a necessary incident to the registration. Medical schools, dental schools, pharmacy schools, nurse training schools and all other professional schools before being registered are inspected by a competent representative of the State Department of Education who reports upon buildings, equipment, courses of



study, entrance requirement, teaching force and standards for graduation.

Some of the professional laws and, in all cases, the Rules of the Board of Regents, which have the effect of law, provide that the registered schools of this State and the students in such schools shall not be discriminated against by registering schools in other states that do not measure up to the minimum requirements for schools in this State, nor shall the students in registered schools in this State be discriminated against by allowing lower requirements to obtain in registered

schools outside the State than those maintained for the registered schools of this State.

Registration of professional institutions is the first step, therefore, in safeguarding the licensing system of the State and in protecting the public. When the Board of Regents gives a license to a member of any profession, such license is presumptive evidence that the holder thereof is fairly qualified to practice his or her profession. Therefore when applicants come from registered schools, either within or without the State, the Board of Regents must be satisfied by inspection of such schools by representatives of the Department of Education. Every professional school within the State is inspected at least once a year by a representative of this Department and inspections of schools without the State are made as frequently as opportunity and the financial ability of the Department permit. Occasionally when an emergent necessity arises for the registration of a school without the State, it has been permitted for some duly authorized accrediting agent to make the inspection for the Department if it were not possible immediately to have a member of the Department make such inspection.

Question has been raised whether in the inspecting of nurse training schools the treatment of such schools has not been different from the treatment in other professional schools, but from what has been said above it will be readily seen that the policy of the Board of Regents in the matter of inspection of nurse training schools does not differ at all from the policy adopted by the Regents for the registration of all other professional schools.

To the end that the policy herein outlined as to the registration of professional schools may be seen at a glance, the accompanying graph has been prepared to illustrate the procedure with reference to the four professions most intimately concerned with the conservation of the public health in this great commonwealth.



### The Nation's Health

Surgeon General Cumming of the United States Public Health Service in his report for the fiscal year ending June 30, 1925, warns against the danger of relaxing our vigilance in safeguarding the Nation's most valuable possession, its health. The report points out that:

Thanks chiefly to our health officers, general health conditions continued good. Preliminary figures indicate a total death rate for the United States for the calendar year 1924 of about 11.9 per 1,000 as compared with 12.4 in 1923.

Birth rates in 25 States varied from 31.6 in North Carolina to 16.1 in Montana.

While infant mortality has shown an appreciable decrease, the number of deaths of mothers incident to child-birth has shown but little change in the last nine years for which data are available. During the period from 1915 to 1922 inclusive, it is estimated that for every 100,000 babies that were born, the lives of from 600 to 900 mothers were sacrificed. About one-third of these deaths were caused by infection of the mother at child-birth, often the result of carelessness on the part of the attendant.

Heart disease ranks first in the United States as a cause of death, and its incidence is steadily increasing. Influenza and pneumonia combined occupy the second place.

The diphtheria death rate has shown a striking fall from 43.3 per 100,000 in 1900 to 12.1 in 1923. "If parents could be induced to protect their children by the use of the 'toxin antitoxin' process of immunization," says Surgeon General Cumming, "there is no reason why diphtheria might not be still further greatly reduced or even exterminated."

# Measured Food

BY BERTHA M. WOOD

**J**ACK SPRATT and his wife knew how to measure their food to their own good and satisfaction, but Mother Hubbard and her dog trusted to luck and instinct and both found the cupboard bare.

Some people would say that Mother Hubbard put her dog on a diet but a diet truly means what *to* eat, not what *not* to eat, and how much.

Let us teach patients, therefore, what to eat, how much to eat, and why they eat it.

Hit or miss menus or those which contain only the foods which are enjoyed do not make for proper body building and support nor do they furnish material to carry on the day's activities. People who eat incorrectly as to kinds and amounts are likely to feel bad and to look queer. That is why we have them for patients.

When we first commenced to talk about measured food, we spoke of its caloric value but we found that even though we had just the right amount for our weight and occupation we might not have the right kinds. So now we are interested not only in the total amount of food but also in the proper amounts of the different kinds,—protein, carbohydrate, mineral and fat. Of course vitamins are included in these foods.

Why should we worry about the amount of protein to be figured in a day's diet? A child must have enough protein to build bones and muscles and repair tissues. In an adult, the bones and muscles are all built so he needs only enough protein to repair the tissues. This is why Johnny often needs to eat more than Father does.

It is said that our kidneys are so made that they have a safety device.

They can take care of 10 per cent more protein than the body needs. When they are overburdened they rebel and the doctor gives a diet limiting the amount of protein the patient may have each day.

Carbohydrates are needed to keep us from becoming too slow and inactive. They are really "pep food" and give energy. Yet if we have too great an excess it is stored up and our weight increases out of proportion to our height. We may also burden the pancreas with an excess of carbohydrate foods; then surely we must measure our food to get back to a normal condition.

Mineral matter makes red blood, furnishes calcium and phosphorus for bones and aids in digesting food. Nature has provided an attractive way for us to get this material in the form of fruits and vegetables.

First the farmer or gardener puts the fertilizer on the ground, lime where it is needed for cabbages and other vegetables, phosphates where they are needed, and bone meal around our grape vines and other plants. Then in due time we eat the vegetables and fruits that have gathered up all this valuable material and it is served to us in an appetizing form. Some vegetables and fruits contain protein and some contain carbohydrates also.

Fat is another form of energy food and a fat producer in the tissues. Too much fat may produce an acidosis.

Vitamins are not food but are the workmen which apply the food to the body needs. They are really the carpenters and plumbers which build and repair the body with the materials furnished. Vitamins are divided into groups to designate their different uses.

An important vitamin found in

butter and other fats, egg yolk, liver and kidney is called Fat soluble A. Its work is to prevent deficiency in growth. In other words, without this Fat soluble A vitamin there would be no application of the proteins to growth or repair of the body. It has another function to fulfil, as it prevents the development of xerophthalmia, an eye disease. This condition appeared in children of Central Europe during the World War.

The B group workers are called the anti-neuritic vitamins and are found in seeds, such as unrefined cereals,— and in milk, eggs and green plants. They are the most widely distributed vitamins, housing themselves in more foods than any other of which we know.

In another group we have vitamin D which protects against rickets. It helps the bones to calcify properly and aids in the development of the teeth. It is closely related to A and is found in many of the same foods.

When a diet lacks variety there may be a deficiency of another vitamin belonging to group C which is known as the anti-scorbutic vitamin. This is found in fruits, berries and fruit juices and in raw vegetables, as lettuce, tomatoes and cabbages.

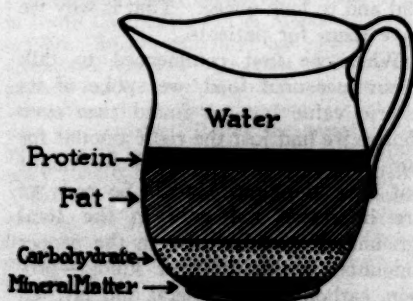
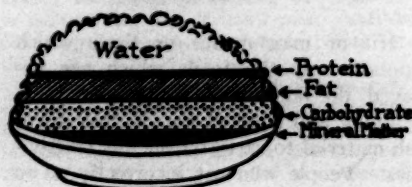
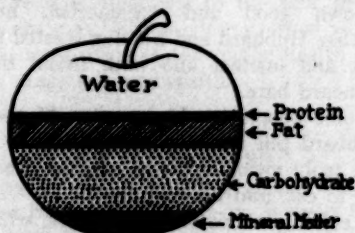
In a well balanced diet, no thought need be taken about vitamins, as nature has provided for the needs of the body in the foods which should be included in adequate menus.

Much is already known about vitamins, but there is more, we believe, to be discovered by the valuable research work now being done in many of the laboratories of our universities with which hospitals are affiliated.

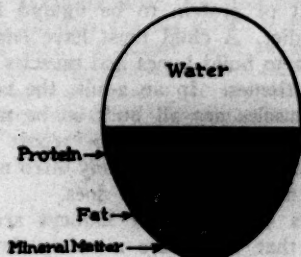
The result of all this is that food is like many other things in life,—not enough is deplorable, just enough is a blessing and too much produces a great deal of misery.

Let us serve a breakfast just to see

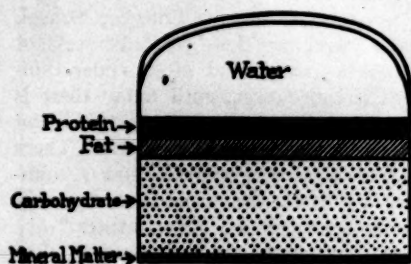
what measured foods look like. We will put on the tray a baked apple followed by a dish of cereal with a pitcher of cream, as our patient is a little under weight.



Then we will serve an egg with a slice of toast and a piece of butter for it.







Isn't it interesting to see what the foods contain that we have served? How



carefully nature has packed into each article some of the various materials we need to sustain our bodies and furnish energy to use them.

Next month we will arrange menus to meet different needs, using the figures to show the amounts of protein; carbohydrate and fat in the various foods. In other words we will calculate diets.

## Santo Tomas Hospital School for Nurses

BY SARA E. ADAMS, R.N.

**T**HOUGH Santo Tomas Hospital in Panama City, Panama, is one of the oldest on the Western Hemisphere, the Nursing School was not inaugurated until 1908.

The original hospital was established in 1575 and was under the direction of a Majordome appointed by the Court of the Bishop, the services of the institution being performed by women and slaves, and supervised by various citizens who made daily visits in rotation. Financial difficulties led in the end to the undertaking being turned over—by royal order—to the monks of the Order of St. John of God, under whose management it grew in size and importance.

The hospital was entirely destroyed during Morgan's invasion in 1671, and was not rebuilt until 1695, when the new City of Panama was founded and the present institution was begun on a small scale by Bishop Diego Ladron de Guevara. It functioned for several decades and then all trace of it in the records is lost until after the gold hunt in California and the coming of the Panama Railroad, which brought in

their wake numberless laborers and adventurers. The demons of yellow fever and malaria were in command, and the necessity for adequate hospital accommodations became imperative.

In 1858, the old Santo Tomas Hospital was reorganized and renovated by the Bishop of Panama, and French Sisters of Charity were put in charge. Since there was no water system nor any plumbing, and the only water then procurable is said to have been rain water collected during the rainy season, one's imagination need not be very vivid to picture conditions during the dry season. There was no ice, and meat had to be cooked and eaten the day it was killed. Even the devoted Sisters of Charity—having little or no water for either patients or cleaning—could not perform miracles of nursing, and conditions at times were unspeakable.

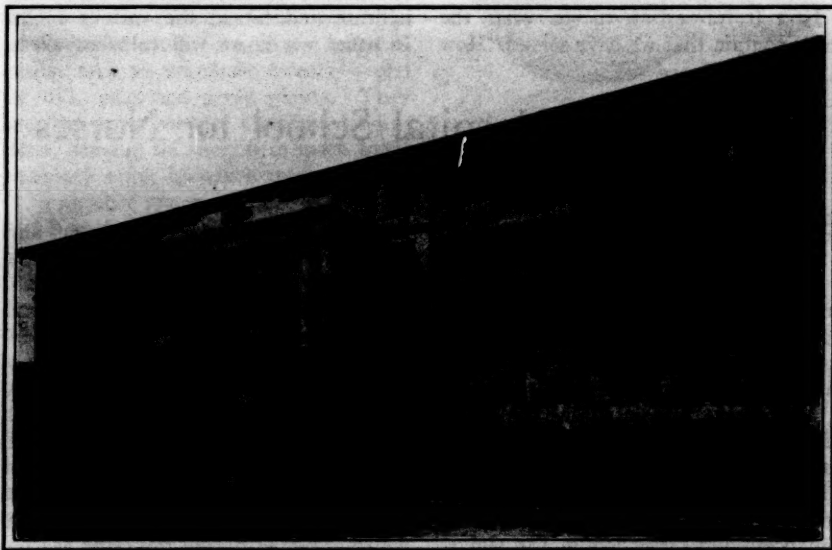
In 1905, after the signing of the treaty between the governments of the United States and Panama for the building of the Canal, an agreement was made between the two governments by which the hospital was again reorganized

and governed by a Board appointed jointly by the Canal Commission and the Government of Panama. Definite financial agreements were reached by which the work was to be supported by both parties.

In 1906, by special decree, the President of Panama established a training course for midwives, under the direction of a practicing obstetrician.

four Directresses of Training School, each working for its advancement whole-heartedly, and often under difficult circumstances, until today there is a school of fifty-seven students and plans for increasing the number. There are also thirty graduates and a number of what are termed in Spanish-American countries, "practicantes."

At present the students' home is situ-



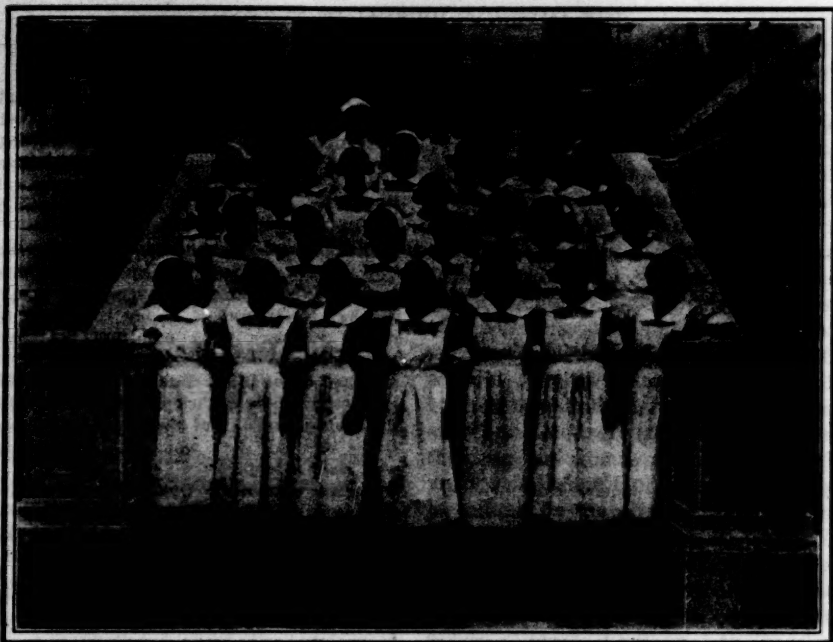
SANTO TOMAS HOSPITAL, MAIN BUILDING

Each province of the Republic was allowed to appoint one student, such student to go back to the province from which appointed to practice.

In 1908, by another presidential decree, a school for nurses was inaugurated with a maximum of thirty students under the direction of the Hospital Board, with a graduate of the Philadelphia General Hospital as Directress of Training School, an assistant, and a number of graduate nurses as supervisors. Since the organization up to the present time, there have been

ated over one of the wards, but a building for that purpose is already in course of construction, as is also a home for graduate nurses. The Maternity and Nursing Schools have been united under the supervision of the Directress of the Nursing School. The course in the former is two years and includes pre-natal and post-natal clinics.

The Nursing School has graduated eighty-eight students, thirty-three of whom are employed in the parent hospital and its several branches in the provinces, one is employed by the



#### SANTO TOMAS HOSPITAL

First-year Students of the Training School, with Sara E. Adams, Directress, Doctor Alfonso Preciado, Superintendent, and Professor J. G. Lewis, M.D.

Panama Red Cross and one at the Normal School in Panama City, a number are with the United Fruit Company in Central and South America, one in Cuba, one in Peru, a few doing private duty, one also is employed by the Garfield Memorial Hospital in Washington, others have married, three have died, and the remainder are employed in hospital work, office clinics, etc.

While the School still fails to meet the highest requirements, on account of the shortage of suitable applicants, it is improving each year. An alumnae association was formed this year to stimulate an interest in the school and to create closer bonds between the graduates who are taking an active interest.

The course is three years. Classes

are held for one hour daily during nine months of each year. Vacations are given when they will not interfere with class work; the students are given apportioned service in each of the various departments which include: medical, surgical, maternity, eye, ear, nose and throat, venereal, children's diseases, and chronic. An effort is made to see that each student has the proper amount of work in each department. There is no opportunity for mental work except such cases as come up in general duty.

The duty periods are eight hours daily during the week and five on Sundays, with a half day off each week. Classes are held during the day. Physical examinations are made from time to time and such treatments as are

necessary are given. As bookworm is prevalent in Panama, it is often necessary to give treatment to applicants on admission. In case of prolonged illness, there is a special fund for giving the needed change and rest.

The hospital itself is a new modern structure composed of various buildings with the most modern equipment and the students have every opportunity to see all classes of diseases. Among the daily average of five hundred patients, the greatest difficulty we meet in class and reference work is the fact that there are so few nursing textbooks in Spanish. We have a small but excellent reference library in English, but many of the students, who are all natives of Panama, do not read English, so that they are deprived of the stimulus of well-directed reference work. However, that is one of the things to be accomplished, and as Latin America wakes more to the need of well trained nurses, the translation of text and reference books will follow. At present, those engaged in the work and interested in it are kept so busy with the organization and direction that there is very little time to be devoted to translations. It must be accomplished little by little; but not so many years have passed since the same difficulties which are besetting us were the problems of all those interested in the improvement of our professional opportunities.



"While death ends the formal record of the patient's hospital residence, his death should constitute, as a rule, the most valuable experience obtainable. There has been a failure, probably justifiable, but nevertheless a failure, to preserve life and health. A real obligation rests on the hospital as an institution to make immediate inquiry into all the facts surrounding the care of this patient and their bearing on future patients."

—H. E. ROBERTSON, M.D.,  
in *The Modern Hospital*.

### A Tribute to Dame Maud McCarthy

On the retirement this week of Dame Maud McCarthy, G.B.E., R.R.C., etc., from the post of Matron-in-Chief, Territorial Army Nursing Service, it is fitting that we should pay some tribute to the work with which her name will always be connected. A General once said when speaking about her war services:

"I was clean against the franchise for women before the war, but if a woman was to ask me now to support that movement, I should not be able to find it in my conscience to refuse. Women's work out here has been magnificent. I don't mean merely their courage and devotion; I mean their discipline, their common sense, their organization. Take the Matron-in-Chief of the Army—she's perfectly splendid, she's wonderful, she's—she's, well, she's a soldier!"

"If she were made Quartermaster General she'd run the whole Army, and she'd never get flustered, never make a mistake. The woman's a genius. We couldn't get on without her."

It would seem that it is not often given to a woman holding an official position to draw to herself, to the greater credit of her own country and in her own lifetime, the undoubted affection of the women of other nations. That Dame Maud has achieved this, and so helped to strengthen the desired bond of international friendship, is not only due to her ability as an organizer, but also to her own great charm.

The growth in numbers of the Territorial Army nurses since Dame Maud took up office as their Matron-in-Chief, and the resulting greater strength to the Army of this weaving in of civilian talent, is characteristic of her energy and the breadth of vision with which she attacks problems. Her ability has not passed unrecognized, for it is said that no woman has held so many decorations—an honor this, not only to nurses, but to British women generally.

*The Nursing Mirror and Midwives' Journal*,  
London, Sept. 26, 1925, page 529.



"International coöperation is still a very frail child who needs a great deal of attention and care. Men began by fighting each other, and it is but very recently that they have attempted helping each other."

—DR. RENEE SAND.



# The Purpose of Institutes<sup>1</sup>

BY CAROLYN E. GRAY, R.N.

AS I look back over the history of the last twenty-five years of nursing endeavor, I find a story of growth and achievement that is inspiring, but I also find a record here and there of disappointments; of inability on the part of individuals and groups to make the most and best use of the marvelous opportunities which are opening up on every side. If we look upon these not as final failures, but as new challenges to courage and patient analysis of the reasons for our limitations, we may be able to make them stepping stones to higher things.

You will probably all agree that the last twenty-five years has been a period of unprecedented growth in every phase of nursing work, and the inevitable result has been that many of us have found ourselves attempting tasks for which nothing in our previous education had fitted us. The marvel is not that there have been failures, but that there have been so few!

But we are not alone. In every field of human endeavor workers are facing tasks for which in the very nature of things they could not have been prepared. This is true because no other quarter of a century equals the one which terminates this year, in the extraordinarily successful efforts to extend the realm of human understanding and knowledge; and to make practical application of every advance made.

## Rip Van Winkles in Nursing?

Imagine, if you will, a Rip Van Winkle who went to sleep in 1900 and woke up in 1925! Wouldn't he have a busy time trying to catch up, as it were,

<sup>1</sup>Read at a meeting of the New York League of Nursing Education, Albany, October 27, 1925.

and learn about all the new things that had come into the world while he slept? Even a mere list of the things he would have to learn would exhaust the limits of this paper.

But the most challenging addition to human knowledge is that if our Rip Van Winkle had any brain at all left, and *was willing to make the effort*, he could be taught to study and could bring himself up-to-date more effectively and in a shorter space of time than ever before.

Stop and think what this means for you and me. I shall always remember and resent a lecture I attended after I had passed my thirtieth birthday, in which the lecturer (a noted psychologist) stated with all the emphasis at her command that youth and early life were the periods of mental growth; that knowledge we did not make our own during that time would never be ours. We were a sober, serious, depressed lot as we left that room, for I question whether any of her hearers could have been described as youthful, and it was equivalent to telling us to leave hope behind and settle down to be back numbers.

There is such a generous streak of contrariness in my make-up that every forward step taken by psychologists to disprove this theory, has given me great and lasting satisfaction. And the theory has been so thoroughly disproved that many of our foremost educators are of the opinion that when the history of education of this quarter century comes to be written, the chapter on "adult education," or "workers' education" will be the most interesting contribution. What do I mean by adult education? Under this heading I include every kind of organized effort that is

being made by grown men and women to feed their minds, to exercise their mental faculties, to keep themselves alive, alert and abreast of the times.

Do you realize how the extension departments in our universities have grown, beyond the expectation of the wildest dreamer, during the past twenty-five years? Have you any conception of the number of adults that are attending night classes in public schools, "Y" schools, trade schools, and private schools of many descriptions? Do you appreciate the educational opportunities offered by department stores, or the number of part-time workers in industry, much less in the professions? Unless you are familiar with this whole development, you would be amazed at the amount of intellectual curiosity there is in the world today and the efforts that are being made to satisfy it.

But to return to our own problem. What are we doing to keep ourselves abreast of the advances in our own loved profession? Of course we are not Rip Van Winkles in the sense of sleeping twenty-five years, the rising bells in our schools, and our individual alarm clocks are too effective for that, but sometimes I wonder if we have as much intellectual curiosity as other groups of workers. Are we feeding our minds as diligently as we feed our bodies? There are more ways than one of being a Rip Van Winkle, and much as he has enriched our literature, who wants to be like him in any way? And yet— isn't the danger for us especially great? Isn't it true that at times the demands of our work enforce periods of mental starvation? Think of the private duty nurse caring for a critically ill patient; of the routine worker in the hospital, a very faithful one, who works early and late and to the limit of her strength; of the executive or teacher who is under constant pressure and finds the hours of the day

too few for the work she has to do. How can they avoid periods of mental starvation? I hardly know how they can be avoided entirely, but I believe they can be lessened considerably, and a recognition of the fact that our work entails such sacrifices makes it all the more obligatory for us to offset them by periods of mental refreshment. How are we going to do it? What means are available?

Much as has been accomplished, I believe we are only beginning to learn how to plan for part-time workers in many fields of nursing. By part-time workers I mean those who give part time to work, and part time to study. I also believe we are only beginning to sense the problem of shortening the hours required, not only of student nurses, but of all others, including the faculty. All nurses should be students, and have time for study. In no other way can they or anyone else, live up to their highest possibilities.

I dare to think of longer vacations—even Sabbatical years—for faculty members of schools of nursing just as for faculty members of colleges. Why not? Because it has never been done is no reason why it never will be, and I believe that hospitals and schools will find every such concession they make, to their advantage, because it will make for more intelligent service.

In any list of the opportunities available, the Department of Nursing Education at Teachers College would be at the head. It offers tempting feasts for those who can avail themselves of them. This year there are 139 part-time students, showing that an increased number of nurses are finding it possible to make some arrangement whereby they can have time to attend classes while holding a position.

If any one had any doubt, and I am sure none of us had, of the value of

our *Journal of Nursing* as an educational agency, Miss Nutting's article in the October number is very convincing. So often we take our blessings for granted, and the *Journal* is one of them. What we need is to learn how to use it more effectively.

All of our nursing organizations make important educational contributions in their own fields, contributions that no nurse can afford to miss. But over and above all that these agencies can do, there is need of additional opportunities for the large body of nurses who can give only limited time.

#### Institutes

To meet this need institutes for nurses have come into being in recent years. Considering that we have only had these for about five years, much has been accomplished. The attendance has been large, excellent speakers have been secured, the fees have made it possible to meet expenses, and the hospitals have released the staff members, so that on the whole, our five-year-old project seems to have justified itself. Nevertheless there is a feeling that the real purpose of the institutes is not being met. Many of us define that purpose as a truly educational one; i. e., to actually meet the needs of nurses who are working and must continue to do so; to actually serve as a beginning of what might be compared to the so-called "workers' education" in other fields. Has this been done? For answer I refer you to the programs. Without question they are patterned after the programs of our state meetings and have all their virtues and faults. It is obvious that an attempt has been made to give a little something to all the different workers in our midst. Some of the programs read like a summary of all our problems, to be discussed, usually, in less than a week's time. Inevitably

they are as crowded as they can be and are comparable to a meal of *hors d'oeuvres*.

It is probable that much mental indigestion would result if anyone attempted to attend all the meetings, but very few do! Couldn't we improve on this by planning institutes for different groups; i. e., administrators, teachers, supervisors, head nurses, etc.? Devote all the time, at least a week, to the problems of the group for which the institute is intended and have it conducted by an expert teacher. It ought to be possible to have two hours of actual class work in the morning and two hours in the afternoon, making four hours daily; and four, or better still, six hours *daily* spent in study. Reference material should be provided. Four hours a day for five days and two hours on Saturday would total twenty-two hours of class work and this would not be too much time to devote to the problems of any one group. Saturday afternoon might be devoted to some social activity. But I have no idea of an Institute being a form of entertainment; rather, I picture a group of serious students, attending regularly and studying diligently, *not* just listening. Not yet have psychologists discovered an easy road to learning, but quite the reverse. Effort on the part of the student is absolutely essential. The best arm in the world will atrophy if it is not used, and the best brain does likewise. The intensity of the effort required bears a close relation to the extent to which we have been Rip Van Winkles.

Suppose that this year, possibly at this meeting, a program for institutes for the next five years is agreed upon; for instance, head nurses' institute the first year, supervisors' the second, instructors' the third, etc. A year in advance of each institute, a list of the

reference reading required should be distributed, perhaps by the local leagues, or in any other way that will serve to broadcast this information.

Any nurse planning to attend the institute should make an effort to cover the reference reading during the year, and thus come to the institute with a certain degree of mind-set. The schools should plan to relieve *all* their head nurses, or supervisors, or instructors as the case may be, for regular attendance for the whole week. In this way I think we might begin to make institutes serve an educational purpose.

By all means continue to manage them in a businesslike way, and just as we argue that all instruction in schools of nursing should be paid for, so I submit that the leaders or teachers of institutes should be paid.

#### Need of Private Duty Nurses

One more point,—I do not mean to limit the benefit of institutes to the groups I have mentioned. One of the largest and most hard-working groups we have is the private duty nurses. I believe an institute for private duty nurses, if carefully planned to meet their needs, provided we could get them to tell us what their needs are, would prove very helpful.

In the current number of the *Journal* I find this statement in a letter about postgraduate courses:

We old back numbers, and especially we who are isolated, need and want to see the modern appliances, treatments, etc., but we don't need so much scrubbing and routine work. We need sympathetic understanding and help, not to be chucked off on some routine work to fill in while pupils are off on vacation or at class.

Just this statement offers a wealth of suggestions for an institute for those

who call themselves "back numbers." Of course I wouldn't call anyone who was alive to her shortcomings and had a definite desire to supply them, a back number. It is the self-satisfied, self-sufficient person who is in danger of becoming a back number. Please do not misunderstand me. I do not offer institutes as a substitute for postgraduate courses, but I venture to suggest they might serve the private duty nurse in the same way that they serve the instructor. It would be better for the instructor to have a year or two at college just as it would be better for the private duty nurse to take a postgraduate course, provided she could find one that would meet her needs. Much remains to be done in developing postgraduate courses, but that is another story.

May I summarize by stating that to my thinking the purpose of institutes is an educational one, and they should be made to serve as many different groups as possible. Perhaps private duty nurses have a special claim; I sometimes feel we owe them too much not to consider them more than we do.

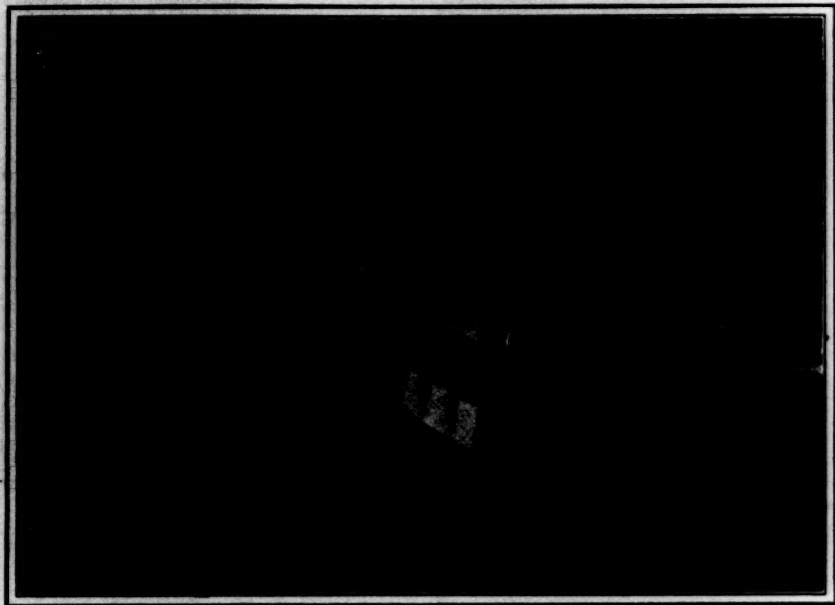


#### Have You Had Your Yearly Physical Examination?

"Do you do it yourself?" said the somewhat irate man to the public health nurse who was endeavoring to have him go to his physician for an examination. "Yes," replied the nurse very calmly, "I do." "Well," snapped the man, "when was the last time?" "One month ago," replied the nurse, "I had a thorough physical examination on my birthday. By having it on that day I never overlook it." "Well," said the man with a much softened attitude, "if it is good for you it must be good for me and I will do it."—*Bulletin*, Conn. State Dept. of Health.



## Central Headquarters Kentucky State Association of Registered Nurses



FLORA E. KEEN, R.N., SECRETARY STATE EXAMINING BOARD AT HER DESK  
AT STATE NURSING HEADQUARTERS

**A**FTER twenty years of hopes and efforts, the dream of the Kentucky Registered Nurses was realized on September 21, 1925, in the establishment of Headquarters, located in Louisville.

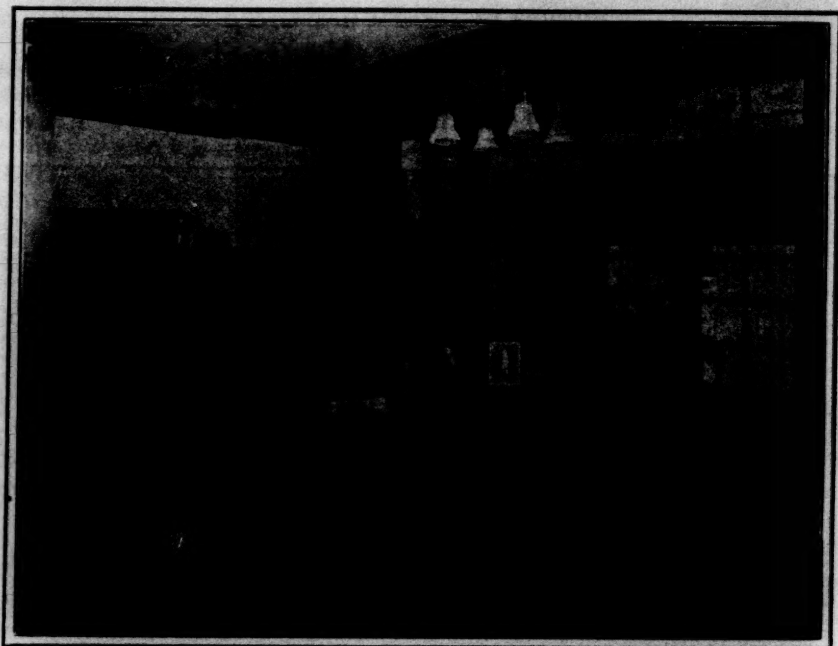
The Headquarters is a place where all information regarding nursing activities is available and where the Executive Board meetings of the nursing organizations of the state are held.

The various nursing organizations of the state are voting such sums as seem necessary toward maintenance.

A thoroughly up-to-date library is maintained with nursing and hospital journals and current magazines, of which both graduate and student nurses are encouraged to make use.



"By no means the least important lesson of Miss Fisher's too brief life in this community has been the demonstration of the fact that the profession of nursing affords an ample as well as a most suitable field for women of the highest culture and intelligence."—*Life of Sir William Osler*, Volume I, page 295.



ONE OF THE ATTRACTIVE ROOMS IN KENTUCKY'S NURSING CENTER



### Coffee Drinking by the Aged

The human body with advancing age has a marked tendency to become more sensitive to stimulants such as caffeine, and the excitement of the nervous centers is less well borne in senescence than in the prime of life. With age comes increased nervous irritability and the need for more repose and sleep. The use of the stimulants coffee and tea by old people is, therefore, of questionable propriety.

Professor Oliver T. Osborne recently pointed out in the *Medical Journal and Record* some of the dangers that are likely to accompany a tea or coffee habit in old age. He says: "The action of caffeine (on the aged) is to increase general nervous irritability, cause polyuria, and especially to stimulate the thyroid and parathyroids to abnormally increased activity, with the result of more nervous irritability and muscular irritability and trembling. Caffein often raises the blood pressure, where such an increase of blood pressure is not needed." He states further that coffee and tea are likely to increase the

production of uric acid and that this substance may irritate the kidneys and cause muscle and joint pains in old people.

Dr. Malford W. Thewlis, in the second edition of his book entitled "Geriatrics," calls attention to the increased susceptibility of old people to the stimulating action of tea and coffee. He urges a curtailment of the use of these drinks in senescence. The use of caffeine-containing beverages with the evening meal he considers very likely to interfere with sleep. Doctor Thewlis directs notice to the super-sensitiveness which old people frequently exhibit towards certain drugs; he believes that the old rule, "children and the aged cannot stand large doses," is not without foundation. Ordinary observation shows that the aged are more susceptible to caffeine than younger persons. It is not at all uncommon to hear individuals past the prime of life say they can no longer drink coffee because it keeps them awake.

Finally it can be stated that in old age sedatives rather than stimulants, such as caffeine, are called for.

# Principles and Practice of Supervision

## *A Course of Study in Supervision in Hospitals and Schools of Nursing*

BY ELSA SCHMIDT, R.N.

THE annual Institute under the auspices of the New York State League of Nursing Education, Section I, was held at the Blumenthal Auditorium of Mount Sinai Hospital, New York, during the week of January 4-7. This year a special effort was made to give a real course of study and the topic decided upon was Supervision. The following outline (in an elaborate form) of the course was sent out to every member of the League several weeks in advance of the Institute with the hope expressed that the participants would read some of the references as a preparation for the course.

### Principles of Supervision

#### FIRST PERIOD—

*Principles, primarily ethical or philosophical, underlying supervision.*

#### References:

Psychology, a Study of Mental Life. (Chapter XXI) by R. S. Woodworth. Published by Henry Holt Company.

Democracy and Education. (Chapters XXII and XXIII) by John Dewey. Published by The Macmillan Company.

The New State. (Chapters VII, VIII and IX). Published by Longmans, Green & Co.

The New Social Order. (Chapter V) Harry Ward. Published by The Macmillan Co.

#### SECOND PERIOD—

*Principles from psychology applied to problems in supervision.*

#### References:

Democracy and Education. (Chapters I, II, III, IV and X) John Dewey.

The Creative Impulse in Industry. Helen Marot. Published by E. P. Dutton & Co.

Psychology, a Study of Mental Life. (Chapters XIII and XVI) Woodworth.

Human Elements in Administration. By Col Gotheals in *Scribners* for May, 1915.

Textbook of Psychology for Nurses. (Chap-

ters XI, XII and XIII) by Maude B. Muse. Published by W. B. Saunders Company.

#### THIRD PERIOD—

*Principles relating to the technical aspects of supervision.*

#### References:

Personnel Problems of the Teaching Staff. E. E. Lewis. Published by The Century Company.

Instruction and Supervision on the Wards. pp. 307-313. Report of the Committee for the Study of Nursing Education, Josephine Goldmark, Secretary. Published by The Macmillan Co.

An Experiment in Case Study. By Sister M. Domitilla.

The Place of the Teaching Supervisor in our Educational Program, by Lillian Clayton.

Reprints available National Nursing Headquarters, 370 Seventh Ave., New York City.

#### FOURTH PERIOD—

*Some sociological principles bearing upon supervision.*

#### References:

Democracy and Education. John Dewey. (Chapter VII).

The New State. M. R. Follett. (Chapter XIX).

The New Social Order. (Chapter XII). Harry Ward.

The first session opened on January 4, with two short addresses of welcome. Helen Young, President of the New York State League of Nursing Education, Section I, emphasized the need of better prepared instructors and supervisors. Elizabeth Greener, Principal of the School of Nursing of The Mount Sinai Hospital, through whose influence the beautiful Auditorium of The Mount Sinai Hospital was secured for the meetings, gave a most hearty welcome.

The subject, Supervision, was

introduced by Elizabeth Burgess of Teachers College with a very practical presentation of the Function of Supervision. Miss Burgess called attention to the varied functions of the present-day supervisor, to the need of a more profitable use of her time and to the necessity for fostering such relationships as will insure growth as the goal.

Grace Day, Supervisor of Elementary Schools in Meriden, Conn., a noted expert on supervision, had been secured to give the course of study dealing with the Principles of Supervision. The greater part of the first two days was devoted to this subject. Miss Day projected for us in a scholarly manner those high ideals and principles of supervision that develop progress and growth in both supervisor and supervised. She pointed out the importance of a sympathetic imagination, i.e., the ability of putting one's self in the position of those supervised. She emphasized again and again, that it is only through the employment of democratic principles that we can develop those potentialities of growth, that will lead to further growth.

The practical application of the ideals and principles so well defined by Miss Day, were given by Margaret Tracy, Supervisor of Surgical Nursing, Yale University School of Nursing. Miss Tracy outlined her own work as a supervisor and gave an excellent picture of the plan of supervision so splendidly carried out in the wards of the New Haven Hospital. Many questions were asked, which attested to the interest aroused in this important subject. Supervision of the nurse in the Public Health Field, as it is carried out by the Henry Street Visiting Nurse Service, was given by Ellen Buell, Educational Director of this organization. Summarizing the items of this plan Miss Buell stress the following: a well trained body

of supervisors, a definite plan for introducing the new staff to the field, and subsequent supervision by means of home visits in company with the nurse (where the supervisor herself assumes the actual care of the patient) by careful, critical analyses of records and by frequent group conferences.

Mabel Reed, Manager of Columbia University Commons, and formerly Supervisor of Housekeeping, Cincinnati General Hospital, made a very fine contribution with her paper on Supervision of Housekeeping. Miss Reed gave many practical suggestions as to the management of employees. She emphasized especially the need for much common sense and understanding in dealing with heads of other departments as well as employees under one's supervision.

Grace Allison, Superintendent of the Samaritan Hospital in Troy, dwelt on the importance of standardization of hospital equipment as an aid to better supervision. In presenting the plan of standardization so successfully carried out at the Samaritan Hospital, another noteworthy and appreciated contribution to the Institute was made.

The Round Table discussion which followed, dealing with Standardization of Hospital Equipment and Special Problems of Supervision brought out many interesting points. Corinna French, Marion Rottman, Elizabeth Greener, Helen Young and Evelyn Carling took part in the discussion and offered many valuable suggestions.

The last day of the Institute was set aside for the purpose of visiting classes which were being conducted in the various schools of nursing in the city.

The large attendance, with registration of 367 nurses representing 61 hospitals, clearly demonstrated the general interest shown in the principles and practice of supervision, and proved the usefulness of the subject chosen.



# Impetigo Contagiosa

## *A Practical Nursing Problem*

BY ZELLA NICOLAS, R.N.

"IT comes, one knows not whence nor where." Whatever sage first quoted these words had not, I am sure, impetigo in mind, but from a recent experience which we have just had in our hospital, the implication is applicable for in a recent epidemic of impetigo we have been unable to satisfactorily trace the source of infection.

As a foreword I might say that impetigo is a skin disease characterized by the formation of small vesiculo-pustules. The vesicles are as a rule small and not particularly distended. The content is yellowish and after they rupture, a crust forms. The crust finally falls off, leaving a red patch with a definite circumscribed area, and a healthy granulation takes place, this patch slowly fading and disappearing. In cases which I have observed, there seems to be practically no itching of the infected area.

According to Holt and other authorities, it is highly contagious and when impetigo was discovered on our maternity ward, we immediately began to work on that theory. The first outbreak occurred on our private floor.

On the thirteenth day after birth, a small spot was noticed on Baby T.'s face (the right lower cheek). The following day, there was a rather profuse eruption on the lower right cheek, the chin, and one spot on the buttocks. The diagnosis was made as impetigo and on the second day of Baby T.'s eruption, a similar lesion appeared on Baby M. in the right groin. Baby M. was twelve days old. At the time these lesions were first noticed, there were eight new born babies, ranging in ages from four days to fifteen, in the nursery. As soon

as the diagnosis of impetigo was made, the infected babies were moved into a separate small room off of the nursery. We utilized a private room at the extreme end of the corridor for all new born babies. This gave us three nurseries, the exposed nursery, the infected nursery, and the clean nursery, and each one was assigned to different student nurses, there being no communication between the three nurseries.

Two days after Baby M.'s eruption, Baby S. developed a bleb on the right thigh. Baby S. was fourteen days old. He was immediately moved from the exposed nursery to the infected nursery. These three babies were taken from the breast and treatment given them, consisting of washing with liquid soap and warm water from three to five minutes, washing this off thoroughly with a saturated solution of boracic acid, and following with boric ointment containing 10 grains of sulphur, and the baby completely exposed. The treatment was repeated three times during the day and night and the baby continuously exposed.

Our three cases cleared up quickly and no further cases developed in the exposed nursery. Baby rounds were made each morning by the intern and one of the head nurses, first in the clean nursery, next in the exposed nursery and lastly in the infected one. All babies and mothers were discharged within four days after the eruption appeared. The babies were entirely well, or improved to such an extent that they were permitted to go home.

There are no definite conclusions as to where the impetigo started on this

floor. The day on which Baby T. was discharged, the father discovered a similar bleb on his face, just under the chin. Upon consulting a skin specialist, he was told that it was an old lesion which he had probably had for some time. Whether or not he transmitted the infection to his own baby (the first to become infected), is a question which has not been definitely or satisfactorily settled.

After the three cases of impetigo on this floor, no further patients were admitted to be delivered in these private rooms. The floor was gradually emptied, and as the pavilion was in need of cleaning, we took this opportunity to have it done. Every room was scoured, painting done where necessary, and the nursery was scoured and painted throughout. All of the furniture, including stands and cribs was re-enameled.

#### A Second Outbreak

Exactly one week after the impetigo outbreak on the private floor, a lesion developed in Baby D. in the ward nursery on the floor below. The infection was diffuse from the beginning, involving both groins, scrotum and a small lesion on the right thigh, and two days later Baby G. and Baby A. developed lesions in the groin and one small one back of the right ear. A similar procedure followed as on the private floor, with the exception that these three babies were moved immediately from the maternity pavilion to an isolated room in the children's pavilion. We had, therefore, three nurseries as we did on the private floor; the exposed nursery, the clean nursery and the infected nursery (on the children's pavilion). The same treatment was followed with these three babies.

Since the infection was, in each case, chiefly in the groin or buttocks, the communicating agent appeared to be in

the clothing, or to have something to do with the laundry. Inspection was made of every laundry worker for possible skin lesions but none were found. The same inspection was made of all nurses on the floor and no lesions were found. The additional precaution was made of sterilizing all clothing coming from the laundry;—diapers, bands, dresses and sheets.

At the time impetigo broke out on this floor, there were twenty babies in the nursery. Since the last case, which developed on November 17, we have had no further infections. The babies in the exposed nursery have been discharged and that nursery, in turn, is being thoroughly cleaned and painted throughout. In the meantime we are using a room which has been converted into a temporary clean nursery.

During the time of the epidemic in the ward nursery, a private patient was delivered and immediately upon birth of the child, lesions were found on the backs of both hands. The one on the left was apparently healing, while the one on the right hand was evidently a new bleb with all the characteristics of impetigo. Dr. John E. Talbot, obstetrician, is of the opinion that impetigo may be a blood-borne disease and bases his opinion upon the fact that during the course of pregnancy, in practically every case, the mother reported a severe cold. Whether or not this can account for the low resistance of the baby after birth to a staphylococcus aureus is as yet unknown.

Again there is no definite supposition as to the contributory cause of this second infection. Smears taken from all babies invariably reported staphylococcus aureus but since there is a question of not obtaining a pure culture we felt that it did not help in tracing the source of infection. Whether or not the organism might have remained in the

diapers, thus carrying the germ from the second floor to the first floor, is as yet undetermined, since in no case after the infection appeared were diapers used on the babies except as pads under the buttocks. In all six cases, the initial loss of weight ranged from five to ten and one-half ounces and each baby with the exception of one was put on an emergency formula.

This thesis may or may not be of benefit to others in the same situation, but is passed on for what it may be worth. The question arises as to whether or not some babies have a naturally low resistance toward the infection, because at the same time in which we had these infections among our new

born babies, there were two cases of impetigo, one involving the head of a two-year-old child and another, the face of a child about the same age, admitted to the wards on the children's pavilion and no other cases developed among any other children on that ward.

Previous to this small epidemic in our own hospital, there had been a very serious epidemic of impetigo in another hospital in this city. Upon inquiries from the visiting nursing association, we have found that there are a large number of cases of impetigo among older children at all times of the year, particularly during the summer, but that they have had no cases reported among the new born infants.

## The Future of Medicine and Nursing<sup>1</sup>

### *The Ideal To Be Sought*

BY FREDERICK C. WARNSHUIS, M.D., F.A.C.S.

I AM authorized to extend to you the greetings and good wishes of the members of the Michigan State Medical Society.

I want to quote to you from Conway:

To a human being his ideal represents his individual existence. One life we each have, which is merely hereditary. We receive it from our ancestors, we share it with others; it is common property. There is another life which is our own. There each stands in the presence of his own Sinai, receives the tablets of law of his individual life. To him there comes a decalogue of private interpretation and the voice commands—"See . . . that thou make all things after the pattern shown to thee on the mount." So indeed must we work, if the world is to be better by a feather's weight for our life in it; so must we build, quarrying our hereditary nature, polishing it for our individual structure. Nor shall we

pause to ask whether the edifice is to be completed and adorned, and labor give way to happiness. We cannot reach the great end, because there is no end; the scale is infinite, so have the poets said who reached the summit, only to behold a higher height rising before them ever more. Let it be enough for each that the genius of God finds no obstruction in him; that he is part of the organizing force of the universe,—as much as the coral building in the sea, the sun that vitalizes a world. And when the day is past and his bit of work is done, the ideal we will have served will whisper a sweet and secret joy,—Thou hast labored, and others will enter into thy labor.

This is the introductory thought that I wish to convey as I endeavor to address you upon the future of medicine and nursing and the ideals that we should create. It suggests the part that each must assume and the ideal that is to govern.

Our science has made rapid progress.

<sup>1</sup>Delivered at the annual meeting of the Michigan State Nurses' Association, Traverse City, July 24-26, 1925.

The public gleans the power we possess to conserve and prolong its physical well-being, knowing they will demand its benefits. No individual can become expertly proficient in the application of all our scientific knowledge. The average layman cannot afford to purchase these benefits unless we correlate the cost with his ability to pay. His love for his offspring may cause him to incur a single sacrifice, the result of which will often bring him greater disaster than the occasion involves, and assume an obligation beyond his financial responsibility. He will not do so at the cost of his independence. It is when we compel him to make such repeated sacrifices that he will, through his legislators, demand that the state grant unto him that which we make it impossible for him to secure. It is for us to make available to the average layman professional services that will protect his physical welfare and at the same time provide for ourselves emoluments that beget for us and ours a competency that provides life's comforts and joys. Veritably a stupendous problem fraught with potential eventualities, still not impossible of satisfactory solution.

#### **The Golden Calf an Index of Attainment?**

When we individually and collectively fail to meet the ideals and demands of the public, we relinquish our rights to their trust and confidence. Sordid and commercial ambitions seek to cause us to forfeit the public's confidence. Are we to develop solely as commercialists worshipping at the shrine of dollar idolatry and the size of our golden calf the index of our attainment and skill? Or, shall we continue as true votaries of our profession with the welfare of our fellow-man as our first consideration with personal reward and independence a co-incident factor of our humanitarian

services? We are pressed for the answer.

The world upheaval of but a few years ago is still manifesting itself. We have not accomplished our readjustment. As a profession, in company with all other scientific groups, we have been drawn in the maelstrom of social and commercial confusion. It is little to be wondered that there has been much discussion of various forms of state controlled medicine and cult practices, that seek to bring about a new relationship between physician, nurse and patient. Such propaganda is but the bubbling gases escaping from the fermenting process. Effervescent in nature and theory, they may momentarily arrest progress, divert our purpose and cause a feeling of apprehension. We have lost sight of principles. We have been unnecessarily concerned with details. My greatest concern lies in the physician and nurse of today and their followers of tomorrow; concern as to how they are going to measure up to the new state of affairs that is to be, how they are going to acquit themselves of their new responsibilities and concerning the ideals that they will erect to govern and inspire them. Upon that does our future rest.

An age deficient of idealism has ever been one of immorality and superficial attainment, since without the sense of ideas, nobility of character becomes a rare attainment, if possible.

Wherein then, you will ask, may we find the avenue along which we may expend our energy and power in order that we may acquit ourselves of the trust that is reposed in us? Bear with me for a moment while I seemingly digress in order that the question may be answered in specific summary.

#### **Scientific Medicine**

Quackery, fakery and the false allegations of some fifty-seven varieties of



cultists and healers cannot be wholly suppressed by law or prosecutions for infractions of existing laws. These "faddists," cults, quacks and pseudo-scientists will continue, with occasional sensational outbursts, just as long as the people remain in ignorance of scientific medical truths and facts. Just as long as the public is unable, because of deficient knowledge and information, to perceive the fallacies and fakery of these proponents, and to differentiate them from basic, proven medical facts, just so long will the quack and cultist exist, reap his shekels and humankind will pay the penalty in gold and with human lives. Education will accomplish much to remedy this evil that seeks to surround humanity with its tentacles. Medicine has within recent years acquired a vast fund of knowledge which, if made available to the public, would serve to tend to revolutionize our whole plan of society and elevate it in well-being and longevity. The obligation rests upon the nursing and medical professions to impart this knowledge. We dare not shirk or shrink from this duty.

The medical profession of Michigan undertook two years ago to acquit itself of this task. A Joint Committee on Public Health Education was formed and is composed of appointed representatives from the State Medical Society, Medical Department of the University, Detroit College of Medicine and Surgery, State Department of Health, State Dental Society, State Nurses' Association, State Tuberculosis Society, State Welfare Association. The late lamented Doctor Burton was the general chairman. The activities are conducted through the Extension Division of the University. The plan of work is to inspire and conduct public health meetings in conformity with the following slogan:

The function of the Joint Committee is to present to the public fundamental facts of modern scientific medicine for the purpose of building up sound public opinion relative to questions of public and private health. It is concerned in bringing the truth to the people not in supporting any school, sect, or theory of medical practice. It will send out teachers, not advocates.

During the time that has elapsed since organization, there have been held 327 public meetings with a gross public attendance of 135,000 people. A corps of 160 speakers is available and they are assigned to address public meetings that are usually conducted under the auspices of local guilds, clubs, granges, Parent-Teachers' Associations, schools, libraries, churches and similar local organizations.

That feature of our work is now well formulated and the truths of scientific medicine are being imparted to the people. Like all educational activity, persistency, repetition and time are requisite to inculcate knowledge. We have only begun. We purpose continuing along this line until facts become accepted. That we are progressing is attested by the record of this past winter when 30 per cent more meetings were conducted, to an audience of 79,000 people, than last winter.

It is now recognized that these meetings must be supplemented by what I have termed individual missionary work. It is here that you, the members of the nursing profession can render valiant service. Your contact with the public is at the bedside of the patient in the hospital and in the home. You mingle closely with the family and friends of your patient. They discuss with you diseases and their causes. Therein lies the opportunity to not only impart truthful proven medical facts but also to point out and drive home in realistic manner, the fallacies and follies of the cultist and quack. It is an ideal situation

that can be effectively employed. It is the avenue along which you can render noble service in addition to the professional ministrations that you now deliver. It is a service to mankind that cannot be underestimated or passed by. Just what to say, how to say it, or when to say it, to impart this instructive information, is not for me at this time to suggest. To do so would involve the consumption of too great an amount of time. I do avail myself, however, of the opportunity to recommend and urge with all force and emphasis that you, our representative nurses, through your organization accept this obligation and duty; that you cause a representative committee to be created to initiate this work; that this committee with the advice of the Joint Committee devise plans and methods and also present this duty to all of your members in order that they may aggressively and persistently pursue this feature of educating the public in regard to medical facts and truths.

If you undertake this task, then I prophesy that it will prove to be the greatest constructive activity that has ever been your lot to engage in. I plead earnestly that such be your action. Let us ever remember that what is stirring the world's heart, changing the face of the times and representing the form and working of the age, is that intelligence, that sentiment, those thoughts, and opinions, whose written and spoken word is power. That power is yours, provided you accept the ideal that will impregnate the activities of your associates in

bringing about this medical contact with the public. In doing so, noble and commendable as your motives and services are, they will reflect far greater nobility and commendability. You will reflect the future of your profession. It is an ideal of service to be sought. It will save mothers for their children and children for their parents and both for each other. It will lessen suffering and disease. It will beget happiness and physical contentment. What greater contribution can you place upon the altar of human service?

Let not tiredness, selfish motives or "Oh, what's the use" deter you in the undertaking. Remember, Peter was tired when he betrayed Christ for the third time. Dawn was just breaking, for "while he spake the cock crew, and the Lord turned and looked upon Peter." Your dawn, for a new ideal is breaking. Let there be no tiredness or betraying. Will you not set forth with vigor to meet this ideal that I commend to you?



#### A Hospital Economy

Following is an interesting method of preserving the paint on the freshly painted walls of a hospital. "A mixture of starch and water is made and cooked to a consistency which can readily be spread with a paint brush. After the paint is thoroughly dried the starch is put on the walls, making a thin coating which does not mar the appearance, the only effect being to make the paint less glossy. When the walls become soiled the dust and dirt are washed away with the starch, leaving the paint intact, and a new starch covering is put on for another season."—The Johns Hopkins Nurses' Alumnae Magazine, Nov., 1925.

# Butterworth Homecoming

By HARRIET DAVIS, R.N.

FIFTY years ago, little Grand Rapids, Michigan, fitted itself comfortably into the wide beautiful valley of the River Grand. Its streets curved amiably along with the bend of the river or followed the line of least resistance between the low hills. But the ambitious little city began to clamber up the steep slopes and spill over a bit on the other sides. Then Butterworth Hospital, named in honor of the man who gave generously of his means and energies toward its completion, was erected near the top of the eastern hill. It was a splendid piece of architecture forty years ago, solidly and artistically built, commanding a bird's-eye view of the city below. In turn it grew pitifully inadequate in size and equipment, but never did it lose its dignified beauty of line or charm of color.

Every year, since 1893, a class of nurses has left the familiar protection of those ivy-covered walls equipped to take their places in the ranks of graduate nurses. Today, when you climb the hill and reach little Crescent Park, there looms before you an imposing structure of brown brick. A glance across the street reveals our old Butterworth, preserved for us as a memorial, made over inside as a nurses' home. It boasts a handsome new wing stretching out almost to the park but its chief beauty is still intact, the low arched entrance with its wide stone steps worn into smooth shallow ruts by two generations of anxious feet.

The new hospital, among the finest in the country, was opened in June, 1925. For some time previous to the completion of the building, the trustees, Women's Board and alumnae living in Grand Rapids felt that one of the most

fitting events to celebrate the opening of the new building would be a homecoming for all of Butterworth's graduates. It was a tremendous undertaking,—getting in touch with three hundred and seventy-five nurses, some of whom had strayed to the far corners of the earth leaving few clues as to their whereabouts, but a committee endowed with detective talents accomplished the seemingly impossible task. Three hundred and fifty questionnaires were mailed and of these two hundred and fifty were returned bearing information from each nurse as to location, type of work, husband's business or profession, number of children, etc., which information was classified and filed for future reference.

The alumnae living in and near Grand Rapids raised the funds by various means with which to finance their part of the undertaking. They then prepared a program which was mailed to all the graduates, as an enticing part of an invitation to spend three days, Aug. 19-21, together in Grand Rapids.

And we came! It is impossible to measure the happiness that the renewal of old friendships brought to us all. Registration hour was set for ten o'clock Wednesday in New Butterworth and a momentary feeling of strangeness was banished as we entered the new building and glimpsed Miss Barber's welcoming smile. Her greeting is as gracious as the day you came timidly in as a probationer and as long as Miss Barber greets us at the door, Butterworth is home.

After registering and receiving pins bearing name and year of graduation we were ushered to the beautiful solarium on the top floor. While we waited

here for later arrivals, we were invited to slip over to Kendall Home to see some photographs. Kendall Home! What memories! Clandestine fudge parties around the feeble gas flame in the dark basement kitchen, ghostly nightgown dances and parades in the upstairs halls after the lights were out, frenzied scrambling into obstinate clothing in the morning at twenty of seven, —busy, happy, serious days of our youth in training! In the reception room we found a collection of class pictures, snap shots and doctors' pictures recalling old days and old friends.

We were summoned back to a luncheon in the dining-room given by the management of the hospital where we were welcomed by Mr. Davidson, superintendent, and Mrs. Gildersleeve, '18, President of the Alumnae. Following the luncheon we were taken on a tour of inspection through the new building which shows an unusual combination of beauty and utility. Our pride in it knows no bounds.

In the evening the Board of Trustees gave us a dinner at the Hotel Pantlind. Mr. Lowe, president of the board and donor of a very large part of the funds which built the new hospital, made an address of welcome, as did also Mr. Fuller, one of the loyal supporters of Butterworth from its earliest days. Following the dinner, we attended the Regent Theater also as guests of the Board of Trustees.

On Thursday morning, we met in various tea rooms and hotels about the city for class breakfasts. We then assembled at the hospital to start at noon in a number of large buses for a picnic at the home of Mr. and Mrs. Edward Snider (Blanche Cowan, '16) at Spring Lake. The thirty mile drive, plus a walk of half a mile along a woodland road, was reason enough for the vigorous appetites displayed. A

delicious tea was served at sunset on long tables built under the trees.

On Friday morning the visiting Alumnae were given an automobile ride through the city and at noon we were given a luncheon at Kent Country Club by the Women's Board of Butterworth. At the luncheon we were greeted by Mrs. Boise, president of the Board for many years and an old friend to all, and by the new president, Mrs. Edmund Booth. At four o'clock Mrs. Edward Lowe entertained us at tea at her home, Holmedene, and while there a panoramic photograph of the group was taken in the garden.

The festivities closed with a banquet at the Hotel Pantlind, Friday night. Mrs. A. J. Baker, chairman of the arrangements committee, thanked those who had assisted in making the event a success and introduced Harriet Davis, '17, as toastmistress. A splendid program had been arranged including a roll call of all members by classes. Mrs. Susan Fisher Apted, former superintendent, responded for absent members with information furnished by the questionnaires. It was revealed that we have nurses in twenty-one states, in the Canal Zone, Alaska, China, Canada, India and Mesopotamia. Eleven of our number are unlocated and twenty-two have died. Mrs. Henry Herring read an entertaining history of the training school and several members responded to requests for reminiscences and remarks. We were very proud to have with us one member of our first graduating class, Jessie Creighton, '93. We closed by joining hands and singing "Auld Lang Syne."

The ties which have bound us together into an Alumnae Association have been unusually strengthened by the Homecoming. We have been welded into a union from which we shall not easily break away.



# A Summer Course in the Oxford of the West

By ELLA BEST, R.N.

A VERY significant event in Nursing Education in the middle west was brought to pass last summer when, in response to a request from the Illinois League of Nursing Education, the University of Chicago for the first time in its history made available two courses in Nursing. These courses, in the College of Arts, Literature and Science, were given during the first term of the summer quarter, 1925. For years this ideal had been the goal toward which our leaders had been very faithfully working. The ideal became real with the appointment by the University of Dean Laura R. Logan, whom we had recently welcomed from Ohio, to be in charge of this program. Every nurse who registered with the thousands of other students in the Bartlett Gymnasium on that first day of the summer quarter, will remember the thrill of pride and satisfaction which she experienced in having Miss Logan as her representative.

An additional feeling of obligation to the profession characterized the attitude of the students as they entered twelve different departments of the University. Here in the Oxford-like atmosphere of steep roofs, mullioned windows and stone gables, nursing was being represented for the first time in the history of the institution.

The courses in Administration and Teaching in Hospital and University Schools of Nursing, under the direction of Dean Logan were stimulating and fired with enthusiasm. Books offer vast sources of inspiration; yet it is the natural color and tone of classroom association that give vitality to knowledge gained from those in whom it already lives. The broad though definite view of the future of nursing educa-

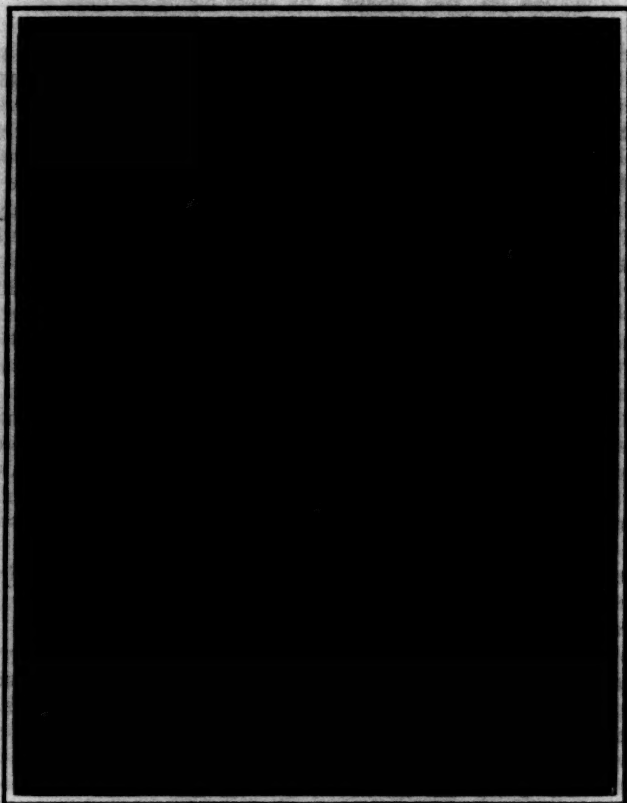
tion brought out the increasing need for more highly qualified executives and instructors. Each student felt her individual responsibility as she caught the vision so clearly developed by Miss Logan. Thus a point of view more than a technic epitomized the value of the courses in nursing. Of very special interest to the class were the Saturday excursions to the hospitals and schools of nursing in Chicago and Evanston. The practical demonstrations given, as well as the gracious hospitality of our hostesses were greatly appreciated.

Of the outstanding social functions were two dinners held at the Chicago Nurses' Club, and one given by Miss Logan for the students remaining at the University for the entire summer quarter. An alumnae association was formed, and a Round Robin, timely sent by the secretary, Mary MacKay, of Peoria, Illinois.

The substance of this brief account written in retrospect calls forth the question, What of this year? The success of last summer can be measured only in terms of future accomplishments. The inspiration gained during the six weeks, sufficiently aroused many students to return to their respective positions and continue their educational programs by taking one or more subjects in a near-by institution or, through the extension departments of various universities. It is to be hoped that the number of students registering for further educational preparation will steadily increase and that a department of nursing will very soon become a permanent part of the University.

Thus will we "safeguard the future" for ourselves as well as the organization which we serve and to which we expect to make our biggest contribution.

## *Who's Who in the Nursing World*



### LV. MRS. H. C. OLSEN

**BIRTHPLACE:** Hutchinson, Kansas. **PARENTAGE:** Swedish. **PRELIMINARY EDUCATION:** Public schools and commercial college. **PROFESSIONAL EDUCATION:** Graduate of St. John's School for Nurses, Cheyenne, Wyoming (the name has been changed to Memorial). Did

private duty nursing until her marriage. **OFFICES HELD:** Secretary of the Wyoming State Board of Nurse Examiners from 1917 until the present time. Active also in the work of the Wyoming State Nurses' Association. **PRESENT ADDRESS:** 3122 Warren Ave., Cheyenne, Wyoming.

---

## EDITORIALS

---

### Preparation for Professional Organizations

NOW, right now, is the time to prepare students for membership in the professional organizations! "Of what nursing organizations are you a member?" How often this question is asked and how frequently it is unintelligently answered. Many nurses seem not even to know that alumnae membership carries with it membership in district, state and national associations. It is rightly asked, for the nurse who keeps in step with her profession by active participation in the professional organizations has vastly greater chances of lasting success than she who plays a lone hand. Those who have had occasion to look up doctors in the Medical Directory know that the symbol of the American Medical Association opposite a name gives confidence. We should like to see a similar symbol adopted and used on registries and elsewhere by members of the American Nurses' Association.

The responsibility for informing student nurses about the professional organizations rests upon the already burdened shoulders of the directors of the schools but it cannot be shirked. It should be included in the course in "Professional Problems" or other series of lectures with which the senior year in most schools is now being rounded out. In all of the larger centers there are nurses who are qualified and willing to give addresses on these important subjects. The more isolated schools, often the most alert to opportunity, may be forced to prepare their own material, but that is not a difficult matter. Each of the national nursing organizations, the American Nurses' Association, the National League of Nursing Education,

and the National Organization for Public Health Nursing is prepared to send out descriptive material on request. So, too, is the American Red Cross, and it will be recalled that membership in the American Nurses' Association is a requirement for enrollment in the Nursing Service of the American Red Cross. The necessary addresses may all be found in our Official Directory on page 167 of this issue.

All registered schools face squarely the responsibility for sending their new graduates up for State Board examinations. They should be equally concerned to see that members of the graduating classes are worthy of and eager to join, their Alumnae Associations. Alumnae membership, we repeat, will carry them automatically into the American Nurses' Association. It is also admirable preparation for membership and for participation in the National League of Nursing Education and the National Organization for Public Health Nursing. With what affection do the nurses speak of their schools when Alumnae membership is made a matter of pride. How sad is the woman who has no tie with her Alma Mater when once she has passed its doors!

Now! Now is the time to see that the classes of 1926 know and appreciate the advantages of, and therefore prepare for, membership in the nursing organizations. Membership is the hall-mark of quality.

### Education for Nursing Tuberculosis

THE West Virginia Board of Examiners for Registered Nurses, at the request of the nineteenth annual convention of the West Virginia State Nurses' Association, has adopted a plan whereby all

accredited schools of nursing in that state must affiliate with the State Tuberculosis Sanatorium for a three months' course for their pupil nurses in the theory and practice of tuberculosis. Would that every other state nurses' association throughout the United States could bring the same pressure to bear for the training of its nurses! A few other states have done this, but in the great majority of the states of the country, hundreds and thousands of nurses are being graduated from training schools with no knowledge of tuberculosis and with a horrible fear of the disease. Out of all the 18,000 to 20,000 nurses that we are graduating each year, it is estimated that not over 10 per cent are receiving any practical training for tuberculosis work, while in the United States about 400 people die every day of tuberculosis. One of the crying needs in the training of nurses today is that this neglected field of medicine and nursing shall be given a place in the teaching curricula."

The forceful editorial quoted above appeared in the December number of the *Journal of the Outdoor Life*, one of the publications of the National Tuberculosis Association. It is a powerful statement and a stirring appeal which can be answered through coöperative effort. Effort on the part of sanatoria, with their wealth of available clinical experience, to secure the personnel and the equipment necessary for teaching and for housing students. Efforts on the part of our schools to provide the affiliation necessary if tuberculosis is not included, as it doubtless should be, in the service of the home hospital.

Some figures on the incidence of tuberculosis cited by Dr. Linsley Williams, Director of the National Tuberculosis Association, stagger the imagination. It is incredible that the nurses

of the country should "side-step" a preventable disease for which 500,000 persons are constantly under treatment in the United States and with a death rate such as that quoted above. It is a nursing problem of the first magnitude and one which must be faced.

The provision of suitable teaching conditions is, on the other hand, an administrative problem which the directors of sanatoria must face if they desire affiliations. It is clear that state boards of nurse examiners have an important coördinating function for they can bring the two groups together for conference and consultation. They can encourage. They can set standards. They can show the way.

#### Again—New York Inspection

THERE has been very widespread discussion of the operation of the New York Nurse Practice Act in the last year or two. Some of this has been favorable, some unfavorable. From the unfavorable discussion, at least one startling fact emerges. That is, most people don't really know what they are talking about for they have not even partially informed themselves on basic facts. Discovering this, we asked Dr. Augustus Downing to prepare the statement published in this issue. It will at once be noted that this law is unlike other nurse practice acts. It gives the board of nurse examiners the incomparable advantage of the experience of the University of the State of New York in fostering education.

New York is really only concerned with New York. When it goes afield it does so only on request of out-of-state schools which wish to assure their graduates freedom to register for practice within New York State should occasion arise!

The crux of the situation lies in the



fact, as stated by Doctor Downing, that New York requires the inspection and registration of *schools* before the individual graduated therefrom may be registered. This is not an arbitrary ruling of the Board of Nurse Examiners but a definite policy that applies to all educational institutions within the state. Should the control of nursing in New York be removed from the present jurisdiction, nursing would most definitely lose caste. It could make no claim to professional status in that state.

This is a good time to "get down to brass tacks" to discriminate between principles and personalities, between irritating restrictions and major issues, between mere criticism and constructive suggestion. In an analysis of the term "professional status," the concept of *service* looms large but it is service based on intelligent use of a sound body of knowledge. It behooves us to safeguard the honored status by every means we know. One of them is by careful examination of facts. Another is by solid support of agencies working faithfully and sympathetically to maintain it.

#### An Appeal to College Women

UNDOUBTEDLY much of the opposition to nursing education is due to sheer ignorance. A misunderstanding of motives is so widespread that only by attacking the problem from many points can we hope to gain much headway. One of the most experienced of the directors of our university schools reports that an effort to place an address on "Centralized Teaching in Nursing Schools" on the program of a branch of the American Association of University Women failed because both the Educational and the Executive Committees believe that nursing is not educational and has no place on their program,—an astonishing ruling for an organization that is particularly con-

cerned with the problems of pre-school and elementary school education—both of which involve consideration of health. Here is a logical point of attack in our campaign of educating the public.

Nurses in ever increasing numbers are eligible for membership in the American Association of University Women. Membership should make possible many agreeable contacts and open new vistas for nurses, and at the same time it should make available many opportunities for educating other college women in the fundamentals of our profession. We cannot expect other groups to become enlightened automatically. To the possessors of college degrees we suggest that a letter of inquiry and request for application blank be sent to the American Association of University Women, 1634 I Street, N. W., Washington, D. C.

#### A Successful Institute

THE point so well developed in Miss Gray's admirable paper, "The Purpose of Institutes," was demonstrated with much satisfaction to all concerned at the four-day Institute held in New York City early in January.

The central theme, on which the whole program was built by Elsa Schmidt, Director of the Institute, was Supervision. This is a timely topic, for there is much discussion of the functions of supervisors and other kindred groups. There is, too, much misunderstanding of the purpose of supervision, an old and erroneous idea being that of curbing initiative and forcing those supervised to conform to a definite pattern. The whole gospel of supervision, as preached by Miss Day who gave the major lectures, is that the function of supervision is to release, or develop, the whole personality to its fullest extent and its best expression.

---

## Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

---

2. What is Vincent's angina? Is it a disease of any importance?

*Answer.*—The Bulletin of the California State Board of Health states that "Several practitioners of medicine, throat specialists and dentists have reported their observations relative to an increasing number of cases of Vincent's angina, known among ex-service men as 'trench mouth.' This is not a new disease nor is it highly communicable, but it is worthy of attention lest it become a public health menace." The following data are excerpted from the same Bulletin:

"The microbe occurs in two forms, spindle-shaped rods and spirilla. It is frequently found without any evidence of active disease in tonsillar crypts and about the tartar of teeth. Predisposing facts are said to be diet deficiencies, the use of tobacco, traumas, and the incidence of other contagious diseases such as measles. The most common site of infection is about the gingival margins, next in order are the tonsils, pharynx and nasopharynx. It may invade the middle ear or the external canal. Vincent's disease may become established in the mucous membrane of the respiratory tract producing the physical

signs of broncho-pneumonia. The organism frequently invades industrial wounds and more frequently still, military wounds.

"The primary spot of infection consists of an ulcer (small or large), whose surface is covered with a whitish, yellowish, brownish, or blackish membrane the removal of which leaves a raw, bleeding surface quickly recovered by membrane if undisturbed. Infections are usually painful and unpleasant but not ordinarily very dangerous. Treatment may be both local and general. Medicaments have been quite various, though arsenic in the form of Fowler's solution, salvarsan, neoosalvarsan, silver arsphenamine in powder, in water solution or glycerine, have been most commonly advised. When marked gland swelling is present, general treatment becomes imperative and iodides and arsenic in the form of neo-salvarsan stand out as most useful."

3. What is municipal sanitation?

*Answer.*—"Municipal sanitation is the application of sanitary science to municipal problems that affect the health, welfare and comfort of the public."—*American Public Health Association.*



*Education isn't just accumulating facts about History, Chemistry, Languages, et cetera, it is the carefully worked out broad, deep, true preparation for the life for which the individual is best suited, not the perfecting of one narrow field of activity. The Japanese sage, Karbarra Ekken, who lived in the Seventeenth Century, said of it, "The aim of learning is not merely to widen knowledge but to form character." Are we not standing upon a precipice with too much external technical knowledge on the one hand and too little understanding of essentials on the other? How shall we find the path to safety, to attainment? How are we to discover the happy mean that will give us minds trained to think rather than minds filled with formulas, that the individual will be prepared to meet the contingencies and vicissitudes of the complicated process that we who call ourselves civilized, consider "life"? Can we not find a way to teach the youth of our land how to think rather than what to think?*

MRS. CHESTER C. BOLTON,

*In "A Sympathetic Layman's Reflections upon Nursing Education."*

---

## Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

---

### Motivation as an Aid for Teaching

BY ROBERT E. HILL

IT IS proverbially unwise and unappreciative to "look a gift horse in the mouth;" but when I was honored by your Program Committee with a request for the discussion of this subject, my appreciation was somewhat tempered by the desire to change the title. I shall therefore make an apparently modest variation of the subject of this discussion but in reality a sweeping change in preferring to discuss "Motivation as an Aid for Learning."

The central figure in education—in a school or class or individual students—is the student herself. Other things are incidental, such as books, laboratory, classroom, demonstration materials—and even the teacher. These are tools or agencies, convenient or inconvenient, useful or burdensome, effective or ineffectual, in the process of learning. Teaching apparently is a necessary evil. The individual alone may learn with difficulty or may with leadership make great strides in the acquirement and use of knowledge.

The emphasis today on the "problem of learning" is indicative of the direction of modern education. The curriculum, textbooks, school organization and administration and teacher training are all undergoing radical inspection, revaluation and readjustment because of the realization that "educational effort" means "student effort" and that the educational process has for its chief purpose the growth and development of the individual. Many new types of schools

such as vocational and junior high schools and many new methods of schooling such as the "project method" are largely products of the new way of regarding education.

Similar attention to the characteristics, needs and tendencies of the individual is rapidly developing in industry. In many quarters a factory is no longer regarded as a place for working men but a place for men working. But the change in point of view which this involves makes it necessary to re-evaluate the incentives for work. Industrial leaders understand, of course, that folks must be paid a living wage, otherwise they won't work or they will work under such a mental, physical and emotional handicap that production is seriously impaired. Should a living wage be paid and the workers be satisfied, other incentives must be found to enlarge production. So there is a bonus, or a system of profit-sharing, or a variable wage scale to encourage output, prizes for the elimination of waste or useful devices and methods to improve production. Many other ways are being devised to solve problems of the "human factor" in business and industry.

School is merely a segment of life during which main attention is supposed to be devoted by the pupil to the process of learning something and of becoming something. Childhood and youth are presumably to be devoted to these two pursuits with the reasonable hope and expectation that the process once begun and habits once formed will continue until the end.

<sup>1</sup>Read at the meeting of the New York State League of Nursing Education, Oct., 1923.

When a young woman more or less deliberately and largely of her own choice, knowing more or less of the requirements for entering and continuing in the vocation of nursing, enrolls in a nurses' training school, she voluntarily embarks on a period of schooling and training in which "motives" are more or less obvious. To check these motives, however, there may properly be a rather rigid preliminary examination followed, as is customary, by a probationary period. This provides an opportunity for the school and the student herself to discover whether or not she is physically, mentally and temperamentally fitted to continue. The weeding-out process should, therefore, be rather rigid.

It is at this time that standards should be set high and kept there. The early days of training are a critical time in the life of the young woman. Her whole emotional attitude toward the prospective vocation and the required period of training is rapidly being developed. For this, if for no other reason, she is daily conscious of her own shortcomings, though she may not admit them, and may come to admire and respect and love the dignity of "the calling." Standards of admittance, experience proves, should be high and requirements for continuance reasonably rigid. It is often wise to follow the scriptural notice, "many are called, but few are chosen." It is human to desire the best, to desire to excel, to strive to attain heights of perfection. Nothing less should be found within a nurses' training school. It should be encouraging and stimulating to directors, supervisors and teachers in nurses' training schools to observe that higher admittance and continuance requirements in colleges and universities, but increase the desire and numbers, apparently, of young men and women who desire to

attend. If it is difficult to enter a school, there is always a waiting list of prospective students and high levels of rivalry are found among those who are admitted.

Once permitted to enter, the charmed and frequently charming circle of young women preparing for a calling which may and should have no equal, it is to be assumed, of course, that the possibilities of personal development and attainment are as nearly perfect as human limitations and material conditions can make them.

Now what must happen? These young women, in the fullness of time and effort, are to become nurses. I know of no school where the pupil is probably so conscious of the object or goal to be attained as in the kind of school which you represent. She lives and moves and has her being in the atmosphere of sickness, suffering, death and dependency, where human service of the highest order is presumably the ideal. No matter what the prospective monetary and material rewards may be, the "nurse in training" is confronted with motives or incentives to effort of the finest character. God forbid that ideals of the highest type are ever forgotten, notwithstanding all the trials and complications and apparently unavoidably unpleasant features of hospital training.

But the formal schooling of the nurse is more or less a technical affair which requires an observance of the principles and methods of learning. These are the constant concern of the supervisor and teacher, for it is their specific business to see that the process of learning to become an efficient nurse is well organized and effective. This is why they are also concerned with the function and processes of teaching.

Obviously the teacher must learn, if she does not already know, just how we



learn and what incentives there are for learning. She must know, of course, that learning requires effort and application, also that none of us does anything, usually, without purpose. A considerable proportion of instruction fails of its object unless the pupil desires to learn.

Motives to learn are of two sorts, positive and negative. The pupil may strive to learn for pleasure involved and for the sheer fun of it; or she may desire to avoid certain unpleasant consequences of not learning. As an incentive, however, in effective and helpful learning, the positive results outweigh the negative. Moreover, dynamic character building which should be a constant object in vocational as well as general education, comes through learning for pleasure, not through fear of penalties.

Putting aside formal pedagogical considerations, I suggest that in these factors will be found good foundations for learning: curiosity and interest, opportunity for self-expression, imitation of personalities, *esprit de corps*, friendly rivalry, recognition.

*Interest* is fundamental. It is more than mere curiosity though it may begin with curiosity; it is more than attention so necessary in both learning and teaching. Prolonged and systematic attention is only possible when interest is aroused and maintained. Interest, however, may be direct or indirect. The student nurse may become interested enough in the rather mechanical subject of anatomy alone to work hard at its mastery and thoroughly enjoy the task; she may also be led to an interest in anatomy, not because she particularly enjoys the subject itself but because in some way she has come to appreciate its relation to the other parts of the field of effort in which she is engaged. From daily experience you teachers know that you have little difficulty in "teaching"

young women who are interested in learning a particular subject, but you do have difficulties in stimulating attention and interest in subjects or classes where the students with difficulty make proper connections with the rest of their work and daily activities.

But how are you to stimulate curiosity, and to arouse interest and maintain it? To answer this question would require much more time than is at our disposal. I suggest that you read selected books on principles and methods of teaching and some others on practical psychology dealing with mental operations and the problem of attention. Obviously, however, the student's interest in what she does not know is conditioned materially by what she already knows. That is to say, much that the nurse in training will be interested in, in class, is determined by her experiences outside of class. From the standpoint of learning and training the combination of service and practice "on the floor" with the more formal training of classroom and laboratory is ideal. In this respect a nurses' training school may be, if it is not already, a perfect school.

A necessary companion to interest is *self-expression*. The students must have an opportunity, in every possible and appropriate way, to project that which she is learning or becoming into concrete form. To many teachers in their own minds this usually takes the form of the recitation. Usually this appears as the question and answer method in class. Doubtless it is useful, but as a method of teaching and learning it is far from ideal. Good teachers are abandoning the recitation method as rapidly as they can. The formal recitation attempts to standardize instruction, when learning does not proceed that way. In progressive elementary and secondary schools, instead of

standardized recitations one finds much supervised study allowing pupils to proceed at their own pace with such assistance and encouragement and stimulus as the instructor can give. Self-expression then develops normally and naturally. Discussions in class, however, may be made effective for the exchange of ideas and to stimulate personal effort.

The teacher must not be unmindful of the fact, moreover, that self-expression is exceedingly varied. The form which self-expression may take depends largely upon the mental habits and inclinations of the student. She may be able to talk, or to write or to demonstrate by hand, but the ability to do all equally well is unusual. The teacher must be quick to see and appreciate that the apparently dull or stupid pupil, if normal otherwise, may not be enjoying the opportunity for adequate self-expression. I may not be able to sing, but miserable I would be if I could not have an opportunity to make a noise at the right time and place.

The teacher assumes a serious responsibility in teaching. There is no vocation more dependent upon the power of personality. The true function of teaching is to *make learning contagious*. Whether we like it or not, the teacher must necessarily be a center of contagion. *The teacher must be a radiating object of imitation*. The teacher is an influence, through her own personality, for good, or she may be no influence at all or worse. Teaching is largely a matter of leadership. But the leader must have the power of leading. It may be a conscious or unconscious ability. It may itself be acquired through learning. Above all, the teacher must be dominantly interested in her work and in some way make her interest contagious among her pupils. The teacher is usually, if we but admit it,

a few steps only in advance of her pupils, so that a sense of comradeship in learning between pupil and instructor goes far to make the teacher a being desirable for imitation and contagious in her influence.

But teachers and pupils alone in a school may accomplish relatively little if a wholesome stimulating *esprit de corps of the whole school* is absent or at low stage. When the "honor of the school" is at stake, the whole student body reacts emotionally. In his recent book on Constructive School Discipline, Professor Smith says:

Only recently have we begun to appreciate the value of *esprit de corps* and morale. *Esprit de corps* is to the social group what personal magnetism is to the individual. An effective school spirit serves as a preventive against disorder, provides dynamic school incentives, and develops right emotional attitudes. It is made up of a socialized and unified teaching staff; a spirit of fellowship and good will among students; mutual confidence and cooperation between teachers and pupils; and a genuine community interest in the welfare of the school.

I suggest with propriety, I believe, that leaders in each training school represented here carefully and perhaps prayerfully consider the "spirit of the school" in their own institutions. I also suggest that those who believe that they have appreciably attained the ideal should cling tenaciously and constantly to that which means so much in attracting and maintaining the wholesome and effective interest of enrolled students.

Out of such an atmosphere grows a friendly *rivalry* between students, which may turn the daily grind into a series of experiences which, more than formal instruction, more than impact of teachers upon pupils, may direct the current of the learning process among students.

The reward of such rivalry as a motive for learning should be adequate and commensurate *recognition*. This means

more, however, than the choice of valedictorian and salutatorian. It is difficult for the layman to suggest to supervisors and teachers in nurses' training schools just what form recognition should take. It is more than prizes for merit; more than the remission of certain detailed requirements; more perhaps even than the graduation from bonnet to cap or from petticoat to uniform. There should be appropriate recognition for service, for special ability, for industry and application, for originality (well directed and not dangerous)—for any of the works of superiority which may occur to you. High schools, colleges and universities are marked by student organizations of all sorts in which leadership of all kinds is recognized by the students themselves. It is an essential part, apparently, of student life. Many students give unwarranted time and attention, apparently, to these "outside interests," because they find in them better opportunities for self-expression, and personal recognition. The problem among school executives is to capitalize these natural, normal and exuberant inclinations into forms of effort and incentive which lead into and not away from learning itself. Executives and teachers in nurses' training schools may well consider these things.

Now having devoted attention to "Motivation for Learning," I am conscious of the fact that, after all, I may have fallen short of the purpose of the Program Committee in departing in this way from the allotted task. After all I might much more profitably to you and myself have kept strictly to the assigned lesson. But upon consideration, in what better way could one discuss the subject which was given to me than to

consider the object of a teacher's work? Motives for teaching are to be found chiefly in the results of good teaching. The development of human powers and resources, the promotion of habits of attention and thought, the discovery and development of personality for whatever the walk in life, is the supreme business of the teacher. It happens that the teacher in a nurses' training school has unusual opportunities for teaching or helping others to learn because of the very nature of the schooling offered, and because of the circumstances and conditions under which that schooling is carried on. In my own opinion no better opportunities may be found for the best kind of teaching than in a nurses' training school if circumstances and conditions permit. Popularly speaking you have "the time, the place and the girl."



#### University of Chicago Summer Courses

At the request of the Illinois League of Nursing Education, the University of Chicago will again offer courses to graduate nurses during the Summer Quarter of 1926. Three courses in Nursing Administration and Teaching under the direction of Anna D. Wolf, Superintendent of Nurses, Albert Billings Memorial Hospital, University of Chicago, and two courses in Public Health Nursing under the direction of Helen F. Boyd, formerly in charge of Public Health Nursing, University of Iowa.

Additional courses in other departments of the university may be elected.

For further information, correspondence with the University should be addressed as follows:

1. Concerning admissions, to the University Examiner.
2. Concerning rooms and housing accommodations, the University Cashier.
3. For other information, General Correspondence Bureau, University of Chicago.

# Revision of the Standard Curriculum

(Continued)

## PSYCHOLOGY<sup>1</sup>

(With applications to Nursing, Teaching, and Mental Hygiene)

Time: 30 hours. Lectures, experiments, class discussions and quizzes, written and oral. To be given in the latter part of the first year after the course in Anatomy and Physiology is completed.

Teacher: Classes conducted preferably by a nurse who has had special preparation in elementary and educational psychology and principles of teaching. Excellent teachers may be secured also from normal schools or colleges.

### Objects of the Course

1. To attempt to present the fundamental principles underlying human conduct; 2. To give the student practice in observing and interpreting human relations; 3. To develop an impersonal sympathy and understanding of the sick; 4. To introduce the student to the most economical methods of learning; 5. To apply the laws and principles of learning to such teaching as the nurse is likely to do in her work; 6. To help the student to make personal adjustments and to acquire self-mastery and poise.

### Outline of Course

#### I. The Nature, Scope and Methods of Psychology.

(Lecture and Experiments.) Psychology the science of behavior. Fundamental laws and working hypotheses of psychology. Various "Schools" of psychology. Reasons why nurse needs psychology.

#### II. Reaction Psychology.

(Lecture, Discussion and Experiment.) The "functional unit" of the behavior mechanism. Physiological vs. psychological stimulus and response. The Stimulus-Response Unit, or S-R bond. To what extent is it possible to predict human behavior?

#### III. The Behavior Mechanism—Receiving Organs.

(Lecture, Discussion and Experiments.)

<sup>1</sup>This outline and the succeeding one (Psychiatric Nursing) were prepared by the following sub-committee,—Katherine Tucker, Elnora Thomson, Harriet Bailey, Adele Poston, Maude Muse, May Kennedy, Margaret Belyea, Anna McGibbon, Helen Sinclair, Susan Tracy, Effie Taylor, Chairman.

Role of sense organs as receiving mechanisms. Review of structure and functioning of sense organs. Effect upon behavior of defective sense organs. Sense organs of patients, of the nurse.

#### IV. The Behavior Mechanism—Response Organs.

(Lecture, Discussion and Experiments.) The role of the motor, glandular and cortical response organs. Review of structure and functioning of muscles and glands. Effects of muscular and glandular disorders upon behavior. Facts about "Endocrine personalities."

#### V. The Behavior Mechanism—Cortical Response Organs.

(Lecture, Discussion and Experiment.) Cortical responses. "Consciousness." Experiments to reveal the psychological meaning of attention, sensation, images, feelings, etc.; also percepts, impulses and emotions. Discussion of memory, imagination, reasoning and judgment. Out-of-class experiments to test ability to detect facial and postural evidences of emotion.

#### VI. The Behavior Mechanism—Cortical Responses (Continued)

(Lecture.) Emotions vs. Sensations. Native emotions. The James-Lange theory. The Emergency Theory. Acquired emotions—"Emotional Conditioning." Combined emotions. Effects of emotions upon efficiency, upon strength, reasoning, health, etc. Role of emotions in sick room. Out of class observations of emotional reactions.

#### VII. The Behavior Mechanism—the Connecting Organs.

(Review Quiz, Lecture and Demonstration.) The evolution, structure, and functioning of the central and autonomic nervous systems. The important role of the autonomic system, its effect upon behavior, efficiency, health and disposition.

#### VIII. Native Behavior—Unlearned S-R Bonds.

(Lecture and Discussion.) Evidences of native traits. Discussion of things man does without learning. Criteria, source, development,



classification and modifiability of native traits. Discussion of specific "Instincts" and "Urges." Applications to nursing situations.

#### IX. *Thwarted Tendencies and "Mental Conflicts."*

(Lecture.) Factors which tend to thwart native tendencies; conflicting native tendencies, social inhibitions, forces of circumstances and organic inferiority. Mental conflicts and emotional conditioning. Thwarting of acquired tendencies. Sources of thwarting in sick room. Out-of-class observations of thwarted tendencies.

#### X. *Mental Adjustments.*

(Lecture and Discussion.) Commoner type of adjustment; substitution, "sublimation," introversion, capitalization, rationalization, repression, "Pollyanna" and "Sour-grapes" mechanism and logic-tight compartments. Dissociation, compare with a well-integrated personality. Case reports to illustrate each type of mental adjustment. Prevention and treatment of maladjustments.

#### XI. *Individual Differences.*

(Lecture and Discussion.) Individual likeness vs. individual difference. Causes; heredity and environment. Experimental evidence concerning possible factors influencing individual variations; age, sex, remote ancestry (race), immediate ancestry (family), "classic temperaments," personality types, life-long moods. Variations in "general emotionality." Importance to the nurse of study of individual differences.

#### XII. *Measurement of Individual Differences.*

(Lecture and Demonstration.) Methods of measuring single traits: physical, special abilities (drawing, musical, mechanical, etc.). Mental measurements: tests and scales. Criteria of "good test." Standardized tests. Type of mental tests: individual, group, non-language. Demonstration of representative tests in general use. Possibilities of tests of professional aptitude. Out-of-class experiment to show "curve of chance."

#### XIII. *Distribution of Human Variations.*

(Lecture.) Extent and distribution of individual differences in traits which can be measured. Significance of position of individual within the group. Plotting curve to show results of assigned experiment of previous lesson. "Normal distribution," significance in prognosis. Application to problems of teacher and nurse.

#### XIV. *Mid-Term Examination.*

#### XV.-XVI. *Intelligence.*

(Lecture.) Theories of "general intelligence." Experimental evidence of growth, and range of intelligence. Measures of intelligence; mental age, I. Q., etc. Correlation of traits with special abilities. Problems of the mental deviate (inferior, superior). Implications for parents, teachers and nurses of study of "general intelligence."

#### XVII.-XVIII.-XIX. *Acquired Reactions, — Learned S-R Bonds.*

(Lecture and Experiments.) Role of native responses in learning. Experiments (in and out of class) to study, trial and error learning, rote memory, limits of learning, rate of forgetting, value of whole and part learning, length and distribution of practice periods, degree of over-learning necessary. Practice in plotting learning curves and curves of forgetting. Formulation by class, from experiments made, of Laws of Learning. Limits of Laws of Use and Disuse. Applications of Law of Associative Shifting.

#### XX. *Economical Learning.*

(Lecture and Discussion.) Principles of economical learning based upon (1) nature of human behavior mechanism (2) type of inherited reactions and (3) facts discovered in learning experiments. The role of fatigue in economical learning. Hygienic rules to increase mental efficiency. Old and new views of Transfer of Training. Applications of principles of economical learning to study and teaching, informal as well as formal teaching.

#### XXI.-XXII. *Motor Habits and Skills.*

(Discussion and Experiments.) Methods of testing variations in reaction time, motor control and co-ordination. Steps in teaching habits and skills with special applications of laws of learning to nursing practice and to training of patients.

#### XXIII.-XXIV. *Logical Reasoning — Relative Thinking.*

Hereditary individual differences in reasoning ability. Reasoning primarily dependent upon, experience and ability to recall the experience when required. "Reasoning a method of reasoning. Age differences in trial and error reaction." The scientific ability to reason. Tests which will demonstrate reasoning ability. Need of nurse for habit of scientific thinking. Discussion of judgments, convictions and prejudices.

**XXV. Psychology of Childhood.**

Significant instincts and impulses of childhood. Specific age differences in attention, memory, imagination, suggestibility, logical reasoning. Psychology of infancy, early childhood, and adolescence with special reference to the sick child. Mental Hygiene of Childhood.

**XXVI. Psychology of Teaching.**

"Teaching" not limited to class room. Principles of good teaching. Methods of teaching for specific purposes, e.g., health habits, appreciation, attitudes and to create public opinion.

**XXVII.-XXVIII. Nervous and Mental Instability.**

The "Neurotic constitution," general emotional sensitivity and instability. Problems presented by this group: in home, school-room and sick-room. Solutions offered by psychology. Recognition of "neurotic syndrome." Case studies and discussion of case records. Suggested treatments for maladjustments. Hysteria vs. Neurasthenia.

**XXIX. Mental Hygiene.**

Mental Hygiene like physical hygiene concerned first with preservation of mental health and the prevention of maladjustments. Function, to build mind, personality and character. A well integrated, socially efficient, personality is the goal. Differentiate from Psychiatry. "Nursing the Mind" as distinguished from Mental Nursing.

**XXX. Final Examination.****Methods of Teaching**

Class discussion based upon a simple textbook. Numerous experiments. Lectures to introduce and summarize the discussion periods and to supplement the text. Case studies. Written and oral reports of observations and experiences. Practice in plotting curves and graphs.

**Equipment and Illustrative Material**

Charts and models for reviews of nervous system. Pictures and cards for tests of observation, etc. Numerous large graphs and distribution curves. Stop watch.

**Text and Reference Books****Group I—Essential or Very Desirable.**

Gates, A. I.—Psychology for Students of Education.

Higgins, A. S.—The Psychology of Nursing (1921).

Kitson, H. P.—How To Use Your Mind.

Laird, D. A.—Applied Psychology for Nurses (1923).

Morgan, J. J. B.—The Unadjusted School Child (1924).

Muse, M. B.—A Textbook of Psychology for Nurses (1925).

Wells, F.—Mental Adjustments.

White, Wm. A.—Principles of Mental Hygiene.

Whipple, G. M.—How to Study Effectually.

Woodworth, R. S.—Psychology a Study of Mental Life.

**Group II—Recommended for Teacher and for Wider Reading by Students.**

Bigelow, M. A.—Adolescence.

Burnham, W. A.—The Normal Mind.

Children's Foundation—The Child: His Nature and His Needs.

Dewey, J.—How to Think.

Groves, E. R.—Personality and Social Adjustment.

James, W.—Talks to Teachers on Psychology.

McMurray, F. M.—How To Study and Teaching How To Study.

Norsworthy and Whitley—Psychology of Childhood.

Pyle—W. H.—The Psychology of Learning.

Starch, D.—Education Psychology.

*Reprints of this outline may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent will be allowed on orders of 25 or more.*



The "mind" with which we work in the art of healing is not dependent for its understanding on the technicalities of controversy. It is dependent upon our willingness to pause and see the individual alive and pulsating behind the phenomena of his "case." It is dependent upon our ability to burrow beneath the surface of many a physiologically non-explicable complaint, and discovering unmistakable outlines of life-long conflict with buried hopes and shattered ideals, gather from the wreckage a wealth of unsuspected resource, wherewith to construct equipment for the completion of a more satisfactory journey of life.—ESTHER LORING RICHARDS, M.D., The Johns Hopkins Nurses' Alumnae Magazine, November, 1925.

## PSYCHIATRIC NURSING<sup>1</sup>

Time: 30 hours divided into lectures and clinics by psychiatrist, classes and demonstrations by nurse instructor, lectures or classes by special workers (mental hygiene, psychiatric social workers, occupational and hydrotherapy workers).

Teacher: Should have special preparation in psychiatric work.

### Objects of the Course

1. To teach the student nurse that changes occur in the mental condition of physically ill patients and to explain the relation existing between physical and mental life and physical and mental illness; 2. To teach the nurse to look upon behavior as a symptom and to observe and differentiate abnormal behavior in the same way that she is taught to observe abnormal physical signs; 3. To teach the underlying physical, functional, and social causes of mental disease with special emphasis on their prevention; to familiarize the student with the modern methods of nursing and medical, social and educational treatment available both in the hospital and in the community; 4. To teach the importance of recognizing that the foundation for the majority of cases of nervous and mental disability is laid during childhood and is not necessarily inherited; to illustrate the relationship between certain uncorrected, undesirable habits, tendencies and personalities during childhood and various forms of nervous and mental disorders in adult life; 5. To give the nurse an elementary but authentic knowledge of the mental mechanisms which are now known to motivate conduct; to direct attention towards a concept of mind expressed in individual behavior and adaptation to life experience, with a view to increasing the student's own mental stability and to develop a keener interest in and a more sympathetic understanding of human nature.

### Outline of the Course

#### I. and II. *Introduction.* (Lectures.)

A general discussion of the present-day psychiatric conception of mental disease emphasizing the impossibility of separating the human individual into two parts, a body and a mind, and the importance of studying the patient as a whole human being. A discussion of the differences between a purely institu-

tional and a social psychiatry. The relation of heredity and environment to human behavior and mental disorders.

#### III. and IV. *The Mental Hygiene Movement.* (Lectures.)

*The mental hygiene movement.* Its origin, growth and development. The development and importance of psychiatric dispensaries and child guidance clinics. The development and relation of psychopathic hospitals to general hospitals. The need for community education. Scope and value of psychiatric medical court and probation work. Qualifications and preparation of workers; opportunities in these fields for nurses.

#### V. *The History and Development of Mental Nursing.* (Class.)

Contrast former with present-day nursing care. The nurse's attitude to patients and mental illness. Discuss problems and policies in answering questions. The personal relation of the nurse to her patient under varied circumstances. Illustrate by problems and case studies.

#### VI. *Anatomy and Physiology of Nervous System.* (Lecture.)

(Biological introduction.) Including the endocrine system; discuss different points of view as to function.

#### VII. *Physiology of Nervous System with Disturbed Function.* (Class and Quiz.)

Discuss and evolve a content of nursing care with particular applications to specific cases.

#### VIII., IX. and X. *The Adaptive Facts of Childhood.* (Lectures.)

Heredity and pre-natal influences. Infancy; pre-school period; school period; adolescence. Influences of sex education, neurotic manifestations in children, convulsions. Environmental influences. Mental development. The role of the nurse in making early observations.

#### XI. and XII. *Mental States Associated with Organic Disorders.* (Loss of Tissue.) (Lecture and Clinic.)

General paresis. Traumatic disorders. Senile disorders. Arteriosclerotic psychosis, etc. Etiology. Laboratory aids to diagnoses—prevention—treatment—prognoses.

#### XIII. *Mental States Associated with Other Organic Disorders.* (Lecture.)

Brain tumor. Brain syphilis. Brain abscess.

<sup>1</sup>For members of Committee preparing this outline, see footnote to Psychology outline.

Multiple sclerosis. Huntington's chorea, convulsions, paralysis, etc. Causes, treatment.

**XIV. *The Application of Nursing Procedures to the Care of Patients with Organic Disorders (with and without deterioration).* (Class.)**

Observation of symptoms—physical and mental. Attention to personal hygiene. Prevention of bed sores. Nutrition. Tube feeding. Value of physiotherapy and mechanotherapy, indications and contra-indications, protective and preventive measures.

**XV. *Defective States Constitutional Inferiority. Idiocy and Feeble-mindedness (arrested development).* Lecture and Clinic.**

Causes (congenital or injury at birth). Grades and types. Methods of diagnoses: mental measurements and testing. Care: home protection; ungraded schools; institutions and farm or industrial colonies. Legal protective measures and state responsibilities.

**XVI. *Mental States Associated with Chemical or Toxic Injury.* (Lecture.)**

Alcoholic and drug psychoses: delirium tremens, hallucinosis, habitual alcoholism, periodic alcoholism, delusional states, Korsakoff's psychosis, drug addiction, types of drugs, conditions resulting from drug poisoning and food poisoning. Protective laws, government control, social legislation and home adjustments. Treatment.

**XVII. *Hydrotherapy in Psychiatric Nursing.* (Class and Demonstration.)**

Packs, tubs, their special value in toxic psychoses. Use, value and methods of administering drugs. Nursing procedures and protective measures.

**XVIII. *Toxic Infective Exhaustive States.* (Lecture and Clinic.)**

Associated with physical conditions, fevers, infections, diabetes, anaemia, pregnancy, etc., and strain, fatigue, starvation, exposure. Manifestations, treatment.

**XIX. *Nursing Care in Toxic Infective Exhaustive States.* (Class.)**

Methods of recording observations of actual happenings. Terms used in describing states and behavior—their meaning, use and significance. Demonstrations of nursing records. Observation and interpretation of mental states in physical disorders.

**XX. *Affective Disorders.* (Lecture and Clinic.)**

Manic depressive disorders, simple depres-

sions, depressions and elations with delusional ideas. Types of cases found in general hospitals. Etiology, symptomatology, treatment.

**XXI. *Nursing in Depressive and Excitement States.* (Class and Demonstration.)**

Nursing care of depressed, resistive, destructive and excited patients. Precautionary measures against injury to patients and others. The equipment of rooms for excited patients. Personal hygiene, hydrotherapy and physiotherapy in nursing care of mood disorders. Contrast opposite types of care with corresponding sequences.

**XXII. *Dementia praecox or Schizophrenia.* (Lecture and Clinic.)**

Modern conception. Types and treatment.

**XXIII. *Nursing Care of Schizophrenic Patients.* (Class.)**

The observation of habits in children. Individual child training, differentiation in educational methods, environmental factors and association, value of early advice and medical care. The nurse as a factor in preventive work.

**XXIV. *Major Psychoneurosis.* (Lecture and Clinic.)**

Neurasthenia, psychasthenia, hysteria and anxiety states. Types of cases found in general hospital. Etiology, symptomatology, treatment and preventive measures. Illustrate by case studies or clinics.

**XXV. *Psychotherapeutics.* (Lecture.)**

Including suggestion and psychoanalysis as methods of treatment with emphasis on their specific value and how, where and by whom they should be used.

**XXVI. *Occupational and Diversional Therapy.* (Lecture or Class.)**

History, value and uses, forms of recreation, types of work and their selection for particular cases. Demonstration of work illustrating the progress of patients.

**XXVII. *Mental Mechanisms and How They Motivate Conduct.* (Lecture.)**

Mental conflicts, inferiority feelings, defense mechanisms, influence of other personalities, adjustment. Illustrate by case histories and the working out of problems.

**XXVIII. *Social and Legal Aspects of Mental Disease.* (Lecture by Social Worker.)**

Economic and social conditions conducive to mental diseases,—poverty, overwork, social vices, drugs and alcohol. Mental disorders and



defects in relation to family, occupation, education, truancy, prostitution and crime. Cost to community for the mentally ill and defective. Legal procedures for commitment. Social measures for prevention and control.

**XXIX. Case Records and Case Histories.**  
(Lecture or Class.)

Scheme of case record. Methods of obtaining and recording data. Methods of observing and reporting mental states. Value of case records and case histories in nursing. Illustrate by case records and histories.

**XXX. Examination.**

**Methods of Teaching**

1. The course can best be given in a psychopathic hospital or clinic where direct correlation can be made between theory and the care of patients. As in teaching other medical subjects the clinical method should be used wherever possible.

2. The order in which the course is given is less important than the opportunity to see types of cases at varying stages of illness or recovery and every case available for observation should be used to illustrate the variations and types of behavior found desirable to study.

3. Where it is not possible to make an affiliation with a state or mental hospital for clinical experience, excursions or visits should be planned to those institutions in the vicinity for the care or education of patients who present behavior problems or who are suffering from mental disorders.

4. Every general hospital offers a variety of experience in personality studies and all patients have mental reactions differing in degree, from the accepted normal to wide ranges of deviation from that norm. If each patient is studied as a whole and the personality of the individual is considered rather than the specific disease apart from the individual, valuable material for teaching mental nursing will be found in the general hospital. In addition to the average case, specific mental conditions are usually found in varying numbers in any hospital and include the deleria associated with lung, kidney and cardiac infections; the toxemias, of pregnancy, drug and alcoholism; disturbances through organic brain lesions or injuries; the minor psychoses and so-called border line cases; neurological conditions of varying types, medical and surgical; and senile deterioration.

5. The children's wards and the out-

patients' departments provide fertile fields for observation and experience and should be used to their fullest resources.

6. The case study method of teaching supplemented by clinics and demonstrations should be developed to a high degree in teaching mental nursing.

7. The complete care of a limited number of patients is a desirable method of assignment and gives the student an opportunity to study as a whole and to note individual differences in reactions and behavior.

8. Emphasis should be placed on the various factors in the life of the patient which enter into his individuality and make up his total personality.

**Text and Reference Books**

(In addition to those mentioned under Psychology.)

*Group I—Essential or Very Desirable.*

- Bailey—Nursing Mental Diseases.
- Beers—A Mind that Found Itself.
- Bigelow—Sex Education.
- Burr—Practical Psychology and Psychiatry, 5th Edition.
- Campbell — Present-Day Conception of Mental Disorders.
- Dewey—Human Nature and Conduct.
- Dunton—Occupational Therapy.
- Hart—The Psychology of Insanity.
- Healey—Mental Conflicts and Misconduct.
- MacDonald—Mental Hygiene and the Public Health Nurse.
- May—Mental Diseases, a Public Health Problem.
- Paton—Signs of Sanity and the Principles of Mental Hygiene.
- Pratt—Your Mind and You.
- Southard and Jarrett—The Kingdom of Evils.
- White—Outlines of Psychiatry.
- White—The Principles of Mental Hygiene.
- White—The Mental Hygiene of Childhood.

*Group II—Recommended for Use of Teacher or for Wider Reading by Students.*

- Cabot—Medical Social Service.
- Franz—Nervous and Mental Reeducation.
- Frazer—The Golden Bough.
- Freud—Introduction to Psychoanalysis.
- Gesell—Pre-school Child from the Standpoint of Public Hygiene and Education.
- Hall—Life and Confessions of a Psychologist.
- Judge Baker Foundation—Case Studies.

McDougall—An Introduction to Social Psychology.

McDougall—The Psychology of Behavior.

Myerson—The Foundations of Personality.

Patri—Child Training.

Robinson—The Mind in the Making.

Smith and Guthrie—General Psychology in Terms of Behavior.

Tansley—The New Psychology and Its Relation to Life.

Trotter—Instincts of the Herd in Peace and War.

Watson—Psychology from the Standpoint of a Behaviorist.

Wells—Pleasure and Behavior.

Wile—Challenge of Childhood.

#### Journals and Pamphlets

American Journal of Psychiatry.

Archives of Neurology and Psychiatry.

Mental Hygiene.

Pamphlets National Committee for Mental Hygiene (see lists).

Pamphlets United States Department of Labor, Childrens Bureau (see lists).



#### Coffee Drinking By Children

Coffee drinking by children has long been regarded with disapproval by pediatricians. There are a number of objections to the practice, among which its harm to the nervous system is important. It is entirely conceivable that the use of caffein-containing beverages by the child will lead to the production of serious nervous defects later in life.

In their recent book, "Safeguarding Children's Nerves" (1924), Doctors Walsh and Foote clearly indicate that there is an increasing nervous instability of American people as demonstrated by the failure of many of our troops to withstand the stress and strain of active service. These writers believe that the numerous cases of shell shock which were suffered by many American soldiers in the World War were nothing more than cases of hysteria. It is possible that the early use of coffee has had a contributing part in causing the lack of nervous balance that is exhibited by so many adults in this country.

The drinking of coffee in the United States is steadily increasing, and the average annual consumption now amounts to thirteen pounds or more, per capita. No small portion of this coffee is used by children, as shown by a study

of the diet of a large number of children of pre-school age at Gary, Indiana. This survey was made by the Children's Bureau of the United States Department of Labor. The report mentions that "two-thirds of the entire group were found to drink coffee habitually, and 40 per cent to have it more than once a day. Not only so, but in certain of the groups of foreign-born parentage, coffee was drunk by more than 90 per cent of the children, and three-fourths of the Polish group had it two or more times a day."

In 1912, C. K. Taylor, a psychologist, made a study of coffee drinking by school children. He found that out of a group of 464 children, over 70 per cent were coffee drinkers. Moreover, and more important still, he discovered that those children who drank the most coffee received the lowest grades. There is no doubt but that coffee drinking by children is generally deleterious to the nervous system of the child. But the greatest harm done to children by this drink is its replacing milk in the diet. The Gary report, referred to above, states that coffee drinking by children "appears to have been inversely proportional to the use of milk. Not only do the schedules show about the same percentage of children drinking coffee as those lacking milk, but a comparison of coffee drinking by milk groups shows the use of coffee to increase markedly as the amount of milk decreases." Commenting upon the disastrous effect of replacing milk by coffee, the report states further: "To leave out milk and substitute coffee plays havoc with any diet, whatever may be its redeeming features."

It is a well known fact that children easily acquire a taste for coffee and are less willing to drink milk after being permitted to use coffee. Lucy H. Gillett, Superintendent of the Nutrition Bureau of the New York Association for Improving the Condition of the Poor, says in this connection that "children should never be given tea or coffee, not even to flavor milk. They will more often like milk if they are not first taught the combination of milk and coffee."

There are two important reasons why coffee should not be given to children. First, it has the harmful effect of crowding milk out of the dietary of the child; second, it is an undesirable and unneeded stimulant.

In view of the fact that a large number of American children, especially in the industrial classes, are coffee drinkers, the matter is worthy of serious consideration.

---

## Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

*Director, Nursing Service, American Red Cross*

---

### An Important Annual Meeting

ONE point emerges clearly from the several matters vital to nursing discussed at the Annual Meeting of the National Committee on Red Cross Nursing Service held in Washington on December 5,—the tremendous importance of maintaining the present standards. Clara D. Noyes, the Chairman, presiding, raised the question: "We hear the same old story," she said, "that we should have a much larger number of applications for enrollment if our standards were not so high."

The heads of the four Government nursing services—Army, Navy, Public Health and Veterans' Bureau—were emphatic that there should be no change. The maintenance of Red Cross standards is a factor keeping up the status in the official services, they brought out.

Adda Eldredge, as President of the American Nurses' Association, stressed the consequences in a significant speech. She maintained that it affected not only the Red Cross but the affiliations which are required of the small schools to meet these needs. It would be detrimental in every sense to nursing if the requirements were lowered. If it were made easier for the nurse to enter an organization (i.e., the Red Cross) without fundamental preparation, it would merely increase the present difficulties and the small school instead of improving educationally would continue to look upon the student as a financial asset.

The importance of standards was also brought out from a different angle by Dr. W. R. Redden, Medical Assistant to the Vice Chairman in charge of Domes-

tic Operations. He gave most graphically a realistic account of disaster relief work in the terrible mid-western tornado last spring when "the nurses did . . . as fine a piece of work as I have ever seen anywhere." The highest standards, he maintained, are imperative because of the great responsibility placed on nurses during disaster when they are frequently placed in isolated areas. Two types of nurses are required: those with hospital experience, preferably in administration, as it is usually necessary to organize emergency hospitals; and public health nurses for the sanitary work, visiting nursing, and so on. To accomplish the best results the disaster area is zoned. In these zones supervisory visits are made daily by public health nurses.

Discussion made it clear that the status of certain schools of nursing is periodically reviewed so that later students meet no hardship if their alma mater make the proper affiliations enabling them to meet requirements for Red Cross enrollment.

Alta E. Dines, representing the National Organization for Public Health Nursing, questioned the sentences in pamphlet ARC 703 which read "Subsequent training or experience in public health nursing is not generally accepted as an equivalent (for deficiencies in training). Individual cases may be presented for consideration where the applicant has had unusual experience under supervision." Elizabeth Gordon Fox, Director of Public Health Nursing Service, American Red Cross, felt that courses in public health nursing were not designed to make up lacks in fundamental training. Annie W. Goodrich,



Dean of the Yale University School of Nursing, was not so sure that subsequent experience in these courses—such as was given, for instance, in pediatrics—was not better than training in some of the hospitals she knew. Miss Fox, Miss Dines and Harriet Leete (also representing the N.O.P.H.N.) were appointed a committee to consider the matter. They reported back amending the wording but keeping the idea: "Subsequent training or experience in public health nursing may also be accepted by the National Committee in exceptional circumstances as an equivalent."

Miss Eldredge raised the point that as State Associations are not always in active touch with the Local Committees on Red Cross Nursing Service, personnel changes are not known. Again, students in schools of nursing do not know to which Local Committee to apply for enrollment information. Ida F. Butler, Secretary to the National Committee, suggested that all State Committees on Red Cross Nursing Service furnish lists to the Secretaries of State Associations of the personnel of State and Local Committees, which they keep on file, posting them when changes are made so that these will always be up-to-date, the jurisdiction of the Committees to be furnished in a similar fashion. This was approved.

It was also decided, after a discussion in which the Chairman, Miss Goodrich, Miss Fox, Miss Eldredge and Florence M. Johnson (Director of Nursing, New York County Chapter) participated, that a leaflet was desirable for use in connection with schools of nursing containing information on the Red Cross Nursing Service.

Miss Fox, presenting a report on the Public Health Nursing Service, brought out the point that public health nurses are remaining longer in localities. Two

of the difficult problems to be faced were: First, the one arising from the many demands made on Chapter nurses which unduly enlarged their programs so that there was danger of little constructive work being accomplished; second, the future of the services transferred from Chapters to public authorities.

I. Malinde Havey, Assistant Director of Public Health Nursing Service, in a vivid report on the Delano Nursing Service embodied in it stories of the type which is making the work of these nurses revered all over the United States.

Through the report of Eleanor Vincent, Assistant Director of War Service, which explained Red Cross social service work for nurses in the U. S. Veterans' Bureau Hospitals, and the discussion that followed, interest in the disabled nurse was made known. More than anything else they appreciate friendly visits from other nurses, since they receive other help in the matter of compensation and hospitalization.

Approval was passed on the use in future of an attractive card instead of the more pretentious certificate hitherto given to graduates of the Course in Home Hygiene and Care of the Sick. This was one of the problems presented by Mrs. Isabelle W. Baker, Director of the Service, for discussion after her report. On the second point raised: whether adaptation of material should be the chief basis of difference between college, high school and grade school or a variation in the time allotted to the Course, it was felt that differentiation should rest in the content and not in a variation of hours. Miss Goodrich thought it would be wise for the Red Cross to discuss this question with general educators.

Miss Noyes reported on The Nurse in Disaster Relief. In connection with



the mid-west disaster, where Olive Chapman has so ably directed the nursing activities over a period of many months, 291 nurses and one dietitian served. Of this number, 224 were Red Cross nurses supplied by the state and local committees; the Municipal Tuberculosis Association of Chicago sent twenty-seven. The highest number of nurses employed at any time was 120. They served in connection with seventeen hospitals, as well as in the field. Seventeen volunteered their services. A number of associations, such as the Municipal Tuberculosis Association, continued to pay the salaries of the nurses loaned. Twenty-four came from near-by counties, all enrolled in the Red Cross Nursing Service, and they were maintained on the pay roll of the organizations which sent them. The dietitian, who volunteered her services, was located in Murphysboro, where she supervised the canteens and diet kitchens of the emergency hospitals, directing the work of women volunteers from these institutions. She was a home demonstrator from the adjoining county.

#### Red Cross Round Table

Captain Blanche Rulon of the Army Nurse Corps and Ida F. Butler, Assistant to the Director of Red Cross Nursing Service, conducted a Round Table on Friday afternoon, December 4, during the first biennial meeting of the Middle Atlantic Division of the A. N. A. Its subject was the relation of the local committees on Red Cross Nursing Service to the nursing personnel of the reserve medical units. This involved also the need for clearer understanding concerning enrollment in the minds of student nurses nearing graduation. Discussion was brisk and often humorous, as speakers defended their favorite positions in the face of good humored

attack, hospital administrators maintaining it was not due to their deficiencies that the younger nurses did not understand the position, and members of local committees pointing out the key to the problem did not lie in their hands but there, where nurses are educated. Delay in enrollment often ensues and the formation of nursing personnel for these reserve medical units becomes dilatory because the explicit instructions regarding the filling in of Red Cross enrollment blanks are not observed by applicants, which means much returning of papers and correspondence until matters are satisfactorily adjusted.

Major Julia Stimson, Superintendent of the Army Nurse Corps, in two lucid sentences, answered the question "Why enroll?" "The Red Cross Nurse is ticketed, graded, stamped, as the highest type of nurse. She has done the final thing as regards 'registration' when she enrolls in the American Red Cross Nursing Service."

#### Historic Recruiting Material

The historic recruiting material for student nurses, which includes the well-known poster "Follow Me," and the pamphlet known as "The Challenge" developed by the American Red Cross in coöperation with the national nursing associations has been transferred from the Red Cross warehouses to repositories in Philadelphia and Boston. In the former city, Susan C. Francis, Superintendent of the Children's Hospital in Philadelphia, has charge of it; and in the latter, Carrie M. Hall, Superintendent of Nurses, Peter Bent Brigham Hospital. It will be recalled that these sets were designed to arouse interest on the part of would-be applicants for schools of nursing. Today as attractive and full of appeal as in the days when they were used to such effect, candidates will find the material most

interesting. It can be secured by applying to the addresses given.

Owing to space exigencies, the narrative of Miss Noyes' visit to Bulgaria, in the series on her European tour, has been held over to a succeeding month.

#### Unreturned Badges

Yet another list of names of those American Red Cross Nurses whose enrollment has been annulled for various reasons but whose appointment cards and badges have not been returned, is given below. Nurses are reminded that these always remain the property of the Red Cross and must be returned to National Headquarters when enrollment is annulled:

Mrs. C. H. Arken (nee Cora Kent Porter), Leola Alter, Mrs. Helen E. Anderson (nee Masten), Margaret Thomas Arnett, Eleanor Ethlyn Asher, Leola Beare, Mrs. Fraser Blake (nee Ethel Mildred Goldsmith), Mrs. May Scott Boyle (nee Brechin), Mrs. John Broderick (nee Mary Burgett), Olive Bruner, Mary Dorothy Burgey, Josephine Cunningham, Olive Z. DeLany, Nancy Amanda Ditty, Mrs. E. C. Dixon (Ruth Dodge), Effie Merle Ellenberger, Frances C. Evans, Susan Eva Fleming, Mrs. Verda Mae Fusfeld (nee Jarvis), Mary Viola Gaster, Mrs. W. P. Gettman (nee Sara M. McFall), Mabel Virginia Griffin, Julia Louise Handte, May Eliza Harris, Beryl Besie Kelly, Rhoda Viola Kelly.

#### Item

Erna M. Kuhn, for the past three years Field Representative for Vermont, has been appointed Director of Nursing Activities, Philippines Chapter, Pansy V. Besom having resigned for health reasons. She sailed in January for Manila. With the exception of the period in the fall and winter of 1921-'22, when she was in Rio de Janeiro under the Rockefeller Foundation, Miss Kuhn has been continuously in Red Cross service since she first took up public health nursing work in the Kentucky Mountains under the Hindman Settlement School in 1917. Her experience includes public health nursing in Wyoming (where it is interesting to note her territory was Sweet Water County and her headquarters, Bitter Creek), administrative work in the St. Louis division office, supervisory work jointly for the Texas State Board of Health and the Red Cross in that state, and it was from there she went to South America. She is a graduate of the Massachu-

setts General Hospital School of Nursing and of the public health nursing course at Teachers College, Columbia University.



#### The Relation of Orthopedics to Personality

The influence of the subconscious elements is easily noted in the traumatic neuroses or the hysterias following accidents and operations, that are as productive of invalidism as a paralysis due to embolism. Alterations in personality consequent on accidents and acquired disabilities, are by no means more significant than those distortions arising from congenital deformities, or from the physical maladjustments that result from industrial accidents or ultra-hazardous adventures during youth. A physical defect, congenital or acquired, is a challenge to personality in its development. The physical basis of deformity is not to be regarded as an injury only to the body. The interferences with function, the thwartings of desires and the handicaps to normal self-expression, profoundly affect life in all its phases. The useless arm or leg impairs mental function, though not to the same extent after a fracture as would obtain following an apoplexy. The cleft palate and harelip, with the modification of natural appearance and their influence on voice, have a more definite influence on the mode of thought, sentiments, judgments and social adjustments than almost any disease that flesh may suffer. . . . Man's power of adjustment is marvelous, and his ability to achieve a triumphant serenity, in the face of insuperable obstacles, is a part of man's sacred heritage. Certain forms of orthopedic disorder appear to be accompanied by character developments that create almost unlimited admiration, as for example, among those bedridden sufferers from arthritis deformans. One notes it not infrequently in the cheerful, hopeful, indomitable courage of children with tuberculous deformities. The personalities of those afflicted with honorable wounds, undergoes marked changes, until final normality is reached. But physical limitations or modifications may become crystallized in deteriorated as well as in improved states of adjustment; and fears, doubts, shame, obsessions, prejudices and despairs may destroy sound judgment and undermine stability of character.—IRA S. WHEE, M.D., in "The Relation of Orthopedics to Personality," *The Journal of the American Medical Association*.

---

## Student Nurses' Page

---

### Why I Am Inspired To Become a Nurse

BY RADKA MANAFOVA

*School for Nurses of Bulgarian Red Cross*

*[It was difficult for Miss Manafova's instructors in the Gymnasium to relinquish their ambition to make of her a journalist even in the light of her enthusiasm for nursing. Has Bulgaria perhaps found the future editor of the infant "Sestra," which is now barely one lusty year old?—EDITOR.]*

**B**ECAUSE I am disheartened, because a dark cloud has appeared on my horizon, because I find no aim in life?

No! On the contrary, I love life, I am young, I feel full of enthusiasm. Uplifted, I meet the morning's dawn, smilingly I dispatch the sun's rays. In my soul it is joyful and bright. No, not from discouragement do I want to be a nurse.

But why, why then?

Behold! First because I love people, second because I love Bulgaria, and third because I love myself.

I love people. I love those of my brothers who are in trouble—selfish, bad they are very often—even grasping, scheming, intolerable, and after all I love them; I believe in the beautiful which everyone carries in the depths of his soul. I want to lighten the burdens, to give gladness to the most helpless, to the most unhappy of them. And, dressing the wounds of their sick bodies, how I want to dress the wounds also of their thousand times mutilated sick souls—to put light in their lightless night.

I want to be a nurse because I love my native land. I believe in Bulgaria

and in the Bulgarian spirit. The country that has borne Paicli, Rakovski, Boteff, Slaveikoff, the country for which they lived and died, is a country worthy of love and sacrifice. And I grieve at the thought of her sufferings . . . Why have such a great infant mortality among us? Why do so many people suffer and die from ignorance and bad hygienic conditions?

Bulgaria needs sound and devoted people—who will give her them?

We, her young and ready sons and daughters.

I would like to see in Bulgaria, tomorrow, beautiful hospitals, thousands of nurses to carry knowledge to preserve the health of the nation, to save the lives of their fellow men. I want to be one of the builders of a bright and happy Bulgaria.

And last, I want to be a nurse because I love myself. Nursing as a profession will make it possible for me to be independent. But also I want to receive from life something more than temporary satisfactions. I want moral satisfaction from the consciousness that I have my place in the world, that I am doing something useful, that my life is necessary to somebody. I want the intoxication of the thought that I am a pioneer in a worthy cause.

And when, after much strife and difficult labor, I turn to look back, I want to feel that my days have been spent in the task of making illumination in the midst of gloom, of bringing beauty to the difficult pathways.

<sup>1</sup>Published in *Sestra*, Journal of the Bulgarian Nurses' Association, and translated for *The American Journal of Nursing*, by Rachel Torrance, R.N.

## The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

### A Hospital Dynamited

DEAR EDITOR: About 9:30 on Saturday evening, December 12, an attempt was made to dynamite the Kalispell General Hospital of Kalispell, Montana, conducted by the Sisters of Mercy. Many windows were broken but not much other damage was done and no one was injured. It is not known who committed this outrage, but it seems that only an insane person would commit such a deed. Although the hospital is a Catholic institution, the physicians and a majority of the patients are Protestants, and the Sisters are highly esteemed by the community. The hospital is one of the best in the state.

Fortunately the weather was mild, though rainy, and no one suffered from the exposure. Carpenters and beaverboard were rushed to the hospital and the window spaces were closed quickly. Kalispell is about half way between Spokane and Great Lakes, approximately 250 miles from either, and the hospital serves a large territory.

Montana

I. R. P.

### A New Old Problem

DEAR EDITOR: Though with hardly two years' experience in private duty nursing, I have been somewhat disturbed by a question put to me by one with very wide experience in observing nurses. The critic was altogether friendly, or I should have been less impressed by his inquiry.

The criticism was this: Why are so many nurses, especially those trained in publicly maintained institutions, so much more wasteful of almost everything used by the nurse at the patient's expense than if she had to pay for them herself? The things specified were, for example, alcohol, certain expensive medicines, electric lights, gas and amount of laundry the nurse sends to the wash. These do not exhaust the list, but they do sufficiently illustrate the point at issue. Is this because the nurse does not stop to consider the expense of the patient, or is it that she forgets the instructions of the training school which so very strongly emphasize this particular point? I sincerely hope that it is not because the nurse does not care. Is not the nurse made more thoughtful and observing of expense by living in apartments and having her

electric light, gas and laundry bills presented to her each month for payment?

The object of this letter is only to ask if other nurses have had the same or different experiences. I should be very glad to see some replies to this criticism.

Massachusetts

H. C. H.

### Much Ado

DEAR EDITOR: What is all this fuss about the private duty nurse? I am one, and seem to keep busy when I want to, which is most of the time.

New Jersey

A. E. A.

### "Criticism"

DEAR EDITOR: I was much surprised at the criticism of Quebec, "hoping that the magazine would return to its former custom of printing articles of general interest and not cater to educational propaganda and schemes." I am following these articles very carefully as I know many others doing public health nursing are. Where then shall we get our propaganda so greatly needed in our work? The articles on Junior College Affiliations in California were both splendid.

Massachusetts

A SCHOOL NURSE.

### For the World Court

DEAR EDITOR: How appropriate for the December-Christmas-number of the *Journal* to devote special space to a news item on the World Court. At this season, when our hearts and thoughts are full of peace and good will to men in whom He is well pleased, how splendid to contemplate the purposes and the possibilities of the World Court, in which all peoples can join to promote in political life, and all life, this same spirit of kindness.

It may be difficult for some of us to understand how this old world is to settle its controversies in any other way than war, but nurses, it seems, should be interested in finding a way. We, who spend so much thought and energy in saving life and promoting health, may profitably extend our interest into other spheres of action than nursing or medicine, which accomplish the same end.

Even toxin anti-toxin sometimes fails but we always feel its dependability justifies a trial. The World Court can do no worse than



fail, and nurses should "do their part" in promoting it to the completion of a trial. Probably the World Court is the most important project before the world today, and nurses find its consideration interesting and compatible with that broad and generous spirit which they daily exemplify.

Iowa

E. C. W.

#### An Acknowledgment

DEAR EDITOR: How kind of you to insert in *The American Journal of Nursing* our call for your Journal. Quick answers have followed; Five nurses (including a Belgian nurse living in the States) have very kindly sent me already the November number and the others will follow, they say.

Five of the provincial branches of our "Fédération Nationale des Infirmières Belges" will now be able to read monthly your interesting paper, and translate to their colleagues the news from over sea.

Belgium

C. MEEHELYNEK.

#### Care of Aged Nurses

DEAR EDITOR: Through the medium of your magazine I would like to get the opinion of the R.N. nurses in a plan for a state home for the aged nurses. A great many nurses are interested but hardly know how to commence this project. The actors have their home, the physicians are planning one, the ministers have theirs, also the Masons. Why not the trained nurse?

New York

M. A. P.

#### In South America

DEAR EDITOR: Next to a letter from home the *American Journal* is the most welcome mail that arrives when the mail man gets in. I don't want to miss a copy of it, as it is the only nurse companion I have. Work here in Ponte Nova is most interesting, and sometimes it seems a good thing that we don't get mail twice a day, for our days are so full without it. This year we have been building a new hospital. Do hope that it will be ready for occupancy by the first of the year. When everything needs to be made by hand it takes a long time, and when all the freight needs to be shipped mule back, it takes still more time. Every nail that has been and still will be driven came up by mule caravan. Every inch of wood that has gone into the building was hewn in our forests, cut by our own woodmen, sawed by two men in the most primitive fashion, and fashioned into doors, windows and furniture by the carpenter and his assistants. Every brick for the walls

was made out of the clay in the lake which we hope to dry up, as it is a beautiful place for the mosquitoes to breed and make out of our beautiful village a terrible malaria district. But eventually we hope to overcome some of these evils.

Brazil

L. H.

#### Help Needed

DEAR EDITOR: I am at present on duty in a family which is searching the world over for a daughter who disappeared weeks ago. The dreadful anxiety of this family; and their search, has brought us in touch with many other people who have the same sort of trouble. Such tragedy can hardly be appreciated by those who have not actually experienced it. I am writing to ask if nurses, especially those in hospitals, make very sure that proper authorities are informed of every fact that might be of use in identifying patients who come under their care in unusual circumstances. It would seem that observant nurses might sometimes be the means of establishing the identity of such persons as the young woman I am interested in. It is a dreadful thing to have a young girl disappear without leaving a trace.

C. R. N.

#### Journals on Hand

Mrs. M. S. Elliott, R. R. 5, Box 19, Ann Arbor, Michigan, has copies of the *Journal* beginning May, 1922, and continuing to the present time, also copies for August and September, 1913; January, 1914; January and February, 1921, and upon receipt of postage she would be glad to mail them to anyone desiring them.

#### "Out of the Mail Bag"

Dear Editor: It only needed some one to collect and send in their subscriptions. It is surprising how helpless they are, they all want the *Journal*, but just neglected subscribing for it.

New Jersey

L. L.

Dear Editor: Even one is quite worth while, and I like to feel it is right near—to cull over from day to day. And now I am out of work, I read the ads, page by page. When some new drug or article comes along—one I never used—why I just write for literature and hope I can keep abreast of a part at least of new procedures and long for a training in 1926 with the new books and new ways of teaching so different from 1901 in my day of training.

Florida

H. A. H.

## Our Contributors

**Edith M. Philbin, R.N.**, who is a graduate of St. Vincent's Hospital Training School, New York City, is Secretary of the Clearing House for Maternity Cases and Mother's Milk Bureau of the Children's Welfare Federation of New York. She has had a postgraduate course in public health nursing and experience in private duty.

**L. Jane Duffy, R.N.**, a graduate of the Newton Hospital, Massachusetts, has studied at Teachers College. She is now State Supervising Nurse for the Bureau of Child Hygiene, Texas State Board of Health.

**Augustus Downing, L.L.D.**, is Assistant Commissioner and Director of Professional Education of the University of the State of New York. He is an Honorary Member of the New York State League of Nursing Education.

**Bertha M. Wood's** article, "Measured Food," is an introduction to a series of practical articles on Nutrition which she has in preparation for those of our readers who have not recently had an opportunity to study this question. She will welcome comment and suggestions as to the content of further articles.

Indiana gave **Sara E. Adams, R.N.**, to the nursing world. She has had an extremely varied professional experience including that of Superintendent of the American Hospital in Mexico City; she is now Directress of the School at Santo Tomas Hospital, Panama.

Those who have studied anatomy, and they compose the whole nursing profession, know **Carolyn E. Gray, R.N., M.A.**, through her revisions of "Kimber." She is also widely known for her many educational activities which will this year include a Summer Course at the University of California.

**Dr. Frederick C. Warnshuis** of Grand Rapids is Secretary of the Michigan State

Medical Society. He is known to many nurses as the author of "Surgical Nursing."

The current issue of the excellent *Bulletin* of the First District of the Illinois State Association says: "The First District is fortunate in having among its membership and officers fine, capable women like our vice president, **Ella Best, R.N.**" Miss Best is now educational director at her Alma Mater, St. Luke's, Chicago, and as her article indicates is active in League work.

The delightful article "Motivation as an Aid to Teaching," is by **Robert T. Hill**, Chief, Bureau of Teachers Training and Certification, University of the State of New York.

**Harriet E. Davis, R.N.**, has charmingly expressed her love of her Alma Mater in the article "Butterworth's Homecoming." Miss Davis is an Instructor in the Indiana University Training School for Nurses.

The article on Impetigo Contagiosa was written by **Zella Nicolas, R.N., B.S.**, who is a graduate of Mount Sinai Hospital School of Nursing, New York, and of Teachers College, Columbia University. Miss Nicolas has been a very active worker in her alumnae. She is now Director of the School of Nursing of The Memorial Hospital, Worcester, Massachusetts.



### Resigns As Chairman

After years of faithful and unremitting service in Relief Fund work, **Elizabeth E. Golding, R.N.**, has resigned as Chairman of the Relief Fund Committee, the resignation to take effect February 1st. The Board of Directors of the American Nurses' Association accepted Miss Golding's resignation with regret, the members expressing strong appreciation of her great service.

All communications relating to the Relief Fund should be sent to Headquarters, 370 Seventh Ave., New York.

---

## NEWS

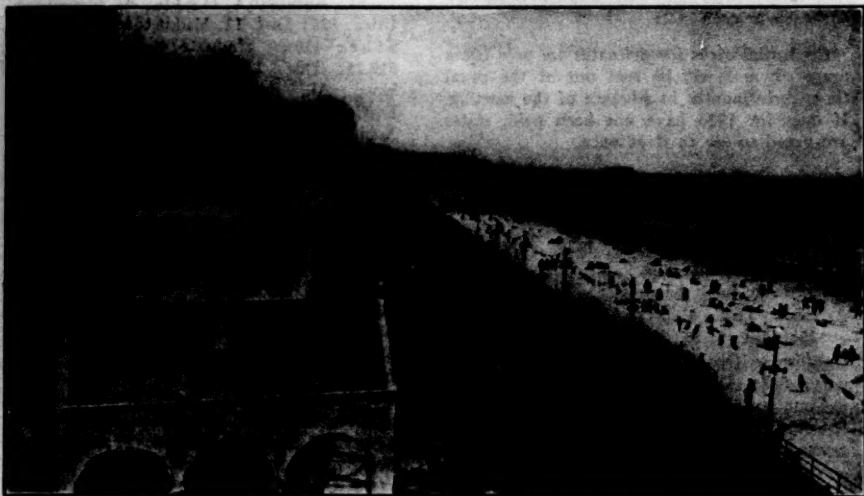
---

### *The American Nurses' Association*

With word of heavy registration at Atlantic City already being made and with several states negotiating for headquarters to take care of their delegates, it is expected that a record crowd will attend the big biennial convention of the American Nurses' Association, May 17 to 22, at Atlantic City.

will be important business sessions on the first and the last day, a big joint meeting of the three organizations and the four big sessions of the American Health Conference with which the association is coöperating.

Further evidence of the crowds expected is seen in the state headquarters already selected. New Jersey has chosen the Hotel Morton for its headquarters, and a special surprise is being



The meetings of the sections of the American Nurses' Association will be one of the special features of the convention this year, and extensive plans are under way for each one. All four of them,—the Private Duty Section, the Mental Hygiene Section, the Legislative Section, and the Government Nursing Services Section will hold their sessions on different days during convention week so that those interested may attend all the meetings.

An innovation on schedule for this year is the holding of conferences to replace the round tables of former years. Interest in all phases of nursing has grown to such an extent that round tables are no longer adequate to cover the scope of the subjects coming up, and they will be handled in the larger conferences. Other features of the convention

planned for the state delegates, according to rumors. The Raleigh Hotel has been chosen by Kentucky as the headquarters for its delegates, and New York and Pennsylvania are negotiating for headquarters for their respective state associations.

Nurses who subscribed for the relief of the Russian Nurses under the care of the Russian Red Cross (Old Organization) in Sofia, Bulgaria, will be interested to learn that \$182 has been given by American nurses for their aid, according to word received by the American Nurses' Association.

The acute need of the Russian nurses was brought to the attention of the American Public by L. E. Feldmahn, director of the Russian Red Cross (Old Organization), and a description of their condition was published

in *The American Journal of Nursing* for July, 1925.

Edith J. L. Clapp, field secretary of the American Nurses' Association, has been assigned to the New York State Nurses' Association to do some special field work. She will probably begin in February, after a conference with the President of the State Association.

A supply of the lists of Atlantic City Hotels with the rates quoted, and cards to be used in making applications for accommodations has been sent to the secretaries of the State Associations and may be secured from the secretary in each state.

Credential cards for delegates are now being prepared, and will be sent out at the usual time, three months in advance of the meeting. If dues for 1926 have not been paid, states are urged to see to it at once.

### Nurses' Relief Fund

#### REPORT FOR DECEMBER, 1925

Balance on hand, Nov. 30, 1925	\$24,166.81
Interest on bonds	649.11
Interest on bank balances	223.94
Arizona: Dist. 1, \$17; Dist. 2, \$25; Dist. 5, \$5	47.00
California: Dist. 1, Alameda County, \$15; Dist. 5, Los Angeles County, \$65; Dist. 7, Sacramento County, \$3; Dist. 9 San Francisco County, \$7.25; Dist. 12, Santa Clara County, \$25; Dist. 14, Butte County, \$3; Dist. 16, Orange County, \$29; Dist. 21, San Pedro County, \$9	156.25
Florida: State Nurses' Association	25.00
Georgia: Dist. 1, Piedmont Hosp. Alum. Assn., \$10; Dist. 4, St. Joseph's Alumnae Association, \$5	15.00
Hawaii: Nurses' Association, Inc.	50.00
Illinois: State Nurses' Association	335.40
Maryland: Peninsula Gen'l. Hosp. Alum. Assn., \$18; two individuals, \$6	24.00
Michigan: Traversé City District, \$35; Bay City District, \$63; Detroit District—St. Mary's Alumnae Assn., \$25; District 4, —Muskegon, \$46	169.00
Minnesota: Dist. 5, \$30; Swedish Hosp. Al. Assn., \$50; St. Mary's	

Hosp. Al. Assn., \$51; Dist. 4, Mounds Park San. Al. Assn., \$37	168.00
New Jersey: Dist. 1, individual members, \$36; Muhlenberg Hospital, \$28.25; Newark City Hospital, \$32; Newark Memorial Hospital, \$12; Orange Memorial Hospital, \$45.75; Morristown Memorial Hospital, \$5; Elizabeth General Hospital, \$22; St. Barnabas Hospital, \$5; Beth Israel Hospital, \$10	196.00
New York: Dist. 1, Millard Fillmore Hosp. Al. Assn., \$10; Dist. 7, St. Elizabeth's Hosp. Al., Utica, \$25; Dist. 11, Middletown State Hosp. graduate nurses, \$12.25; Dist. 12, Vassar Bros. Hosp. Al., Poughkeepsie, \$25; Dist. 13, Fifth Ave. Hosp. Al. Assn., \$50; Metropolitan Hosp. Al. Assn., \$25; Staten Is. Hosp. Al. Assn., \$50; Manhattan & Bronx, \$20; six individuals, \$35; Community Hosp. Student Body, \$10; Community Hosp. Nurses' Al., \$10; St. Luke's Hosp. Al., \$75; Dist. 14, L. I. College Hosp. Al. Assn., \$50; M. E. Hosp. Al. Assn., Brooklyn, \$50; Manhattan State Hosp. Al. Assn., \$25; St. Joseph's Al. Assn., Far Rockaway, \$25	497.25
Oklahoma: Dist. 1, \$50; Dist. 2, \$29; Dist. 3, \$11; Dist. 4, \$7; Dist. 5, \$9	106.00
Porto Rico Registered Nurses' Assn. (the entire membership of this association is 29)	27.00
Pennsylvania: Dist. 1, \$1,630; Dist. 2, \$300; Dist. 3, \$581; Dist. 4, \$229; Dist. 5, \$189; Dist. 6, \$1,274.95; Dist. 7, \$257; Dist. 8, \$237; Accrued interest on contributions, \$102.05	4,800.00
Texas: Dist. 3, Fort Worth, \$5.15; Dist. 8, San Antonio, \$175; Dist. 9, \$50; Dist. 10, Waco, \$35.50; Dist. 12, Port Arthur, \$40; two individuals, \$2; St. Paul's Al. Assn., Dallas, \$36	343.65
Washington: Dist. 1, Bellingham, \$11; King's County Association, Seattle, \$25	36.00
Protest fees refunded	1.85
Total receipts	\$32,037.26



*Disbursements*

Paid to 79 applicants	\$1,185.00	
Exchange on checks	1.09	
Florida Check returned by bank	4.00	
Check returned to Michigan	31.50	
Protest fees	1.85	
Interest on American Nurses' Association Nurses' Relief Fund Savings account left in that account	12.58	1,236.02
Balance on hand, Dec. 31, 1925	\$30,801.24	
Invested funds	83,531.14	
Balance in American Nurses' Association Nurses' Relief Fund Savings Account	5,114.14	
		<b>\$119,446.52</b>

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. Requests for leaflets should be sent to the Director at the same address. For application blanks for beneficiaries and other information, address Headquarters, 370 Seventh Avenue, New York, N. Y.

*The Isabel Hampton Robb Memorial Fund*

REPORT TO JANUARY 9, 1926

Previously acknowledged	\$30,193.94
California: San Diego County Nurses' Association, Dist. 8	10.00
Nebraska State Nurses' Association, \$50; Dist. 1, \$5	55.00
Pennsylvania: District 3	100.00
	<b>\$30,358.94</b>

MARY M. RIDDLE,  
Treasurer.

*The McIsaac Loan Fund*

REPORT TO JANUARY 9, 1926

December 8, 1925, balance	\$566.79
---------------------------	----------

FEBRUARY, 1926

*Receipts*

Illinois: Alumnae Association, Illinois Training School for Nurses	50.00
Massachusetts: Nurses' Alumnae Associat'n, Massachusetts Homeopathic Hospital, Boston	15.00
Nebraska: District 1	5.00
	<b>\$636.79</b>

*Disbursements*

Printing 5M four-page folders	31.50
January 9, balance	\$605.79
	MARY M. RIDDLE, Treasurer.

*Teachers College—Columbia University*

Alumni Day at Teachers College will be Friday, February 19. As has been customary for several years, the Alumnae of Nursing Education will meet for a special program in addition to attending the general meetings. The special program will begin on the evening of February 18, when the first lecture on the Annie W. Goodrich Lecture Foundation will be given. Dr. George Vincent, president of the Rockefeller Foundation, will speak on phases of nursing and public health. Those who have heard Doctor Vincent will appreciate how great a treat this will be and all will want to be at the college in time to hear him. On Friday morning, Dr. Robert Leonard, Director of the School of Education, will speak on the topic of Professional Education in Junior Colleges, which will be a more extensive treatment of the subject than that which appeared in the May issue of the *Teacher's College Record*. Following Doctor Leonard, there will be two speakers from among the alumnae who will speak on the subject of the Five-year Combined Course for Nurses in the University and discuss the question of specialization from the public health nursing standpoint. There will be time for discussion and for reports from the field both before and during luncheon. Alumnae will then be able to attend the general program of the afternoon and the Dean's reception. Will those who expect to attend the conference and desire reservations for luncheon kindly send their names to Miss E. C. Burgess, Department of Nursing Education?

**Navy Nurse Corps****REPORT FOR DECEMBER****Assignments:** Six.

**Transfers:** To Great Lakes, Ill., Julia Higbie; to League Island, Pa., Delyla G. Thorne, Chief Nurse; Polly E. Frost, Grace B. Lally, Janet C. McAdie; to Mare Island, Calif., Gertrude M. Burke; to New York, N. Y., Daisy M. Mapes, Mary Hasler; to Norfolk, Va., Ruth E. Cleaver, Pearla V. Hoyle; to San Diego, Calif., Mary H. King, Emily J. Cunningham, Isabella Gilfillan; to St. Thomas, V. I., Mary B. Gainey, Chief Nurse; to U. S. S. Relief, Florence M. Vevia, Chief Nurse; Janet C. McAdie, Martha Schmidt, Julia T. Johnson, Clara V. Hogue, Irva R. Young, Eunice A. Ryan; to Washington, D. C., Marie Doherty, Bertie A. Weber, Bessie M. Gaynor; to Washington, D. C., Naval Medical School, Anna G. McAlloon.

**Honorable Discharge:** Anna M. Fallamal.

**Resignations:** Helen M. Ferguson, Josephine E. Moore, Bessie L. Mulkey, Edna M. Nowland.

J. BEATRICE BOWMAN,

*Superintendent, Navy Nurse Corps.*

**U. S. Public Health Service Nurse Corps****REPORT FOR DECEMBER**

**Transfers:** To Baltimore, Md., Dora Neilson; to Chicago, Ill., Nelle W. McCorkle; to Stapleton, N. Y., Goldie Lloyd; to Detroit, Mich., Caroline Gardner, Margaret Rowan; to Pittsburgh, Pa., Emma Anderson; to Gallops Island, Mass., Theo Williamson; to Rosebank, Staten Island, N. Y., Allie Magoon.

**Reinstatements:** Margaret B. Davis, Georgia Adkinson, Astrid Roback, Nelle George.

**Assignments:** Nine.

LUCY MINNIGERODE,

*Supt. of Nurses, U.S.P.H.S.*

**U. S. Veterans' Bureau Nursing Service****REPORT FOR DECEMBER****Assignments:** Forty.

**Transfers:** To Augusta, Ga., Margaret G. Grounds; to Fort Lyon, Colo., Mary E. Ellis; to Fort Bayard, N. M., Elizabeth Weh; to Lake City, Fla., Ellen S. Robinson, Elizabeth McD. Wood; to Dawson Springs, Ky., Monica Gerding, Martha A. Stewart; to Waukesha, Wis., Carol R. Bush, Edna I. Nelson, Erna Rose; to Castle Point, N. Y., Josephine Ippolito, Edith Nichols, Anna Sullivan; to Aspinwall, Pa., June Rapson.

MARY A. HICKEY,  
*Supt. Nurses, U.S.V.B.*

**Spanish-American War Nurses**

Camp Roosevelt, S.A.W.N., will give a reception and tea at Roosevelt House, 28 East 20th St., New York City, on February 20th, 3-6 p. m., to which honorary members and high officials of S.W.V. and their auxiliaries will be invited. Spanish War Nurses are cordially invited to meet at Roosevelt House at this time.

**American Home Economics Association**

The nineteenth annual meeting of the American Home Economics Association is to be held in Minneapolis, Minnesota, June 28 to July 3. Detailed information will be given later.

**State News**

**California:** Los Angeles.—THE CALIFORNIA LUTHERAN HOSPITAL NURSES' ALUMNAE met in December for its annual meeting. The interesting annual reports showed that the membership is the largest since organization, twenty-five years ago; the financial condition splendid; and the Wednesday afternoon "coffee" a success. The officers elected are: President, Vada Grace Sampson; vice presidents, Erna Pfoltenberg, Bada Erickson; secretary, Katherine Parry; treasurer, Vanney Anderson; and four councillors. Miss Sampson and Miss Rabinaky entertained at a delightful Yuletide party in the nurses' dining room on the afternoon of December 23.

**Colorado:** THE COLORADO STATE GRADUATE NURSES' ASSOCIATION will hold its twenty-second annual meeting in Trinidad, February 11-13.

**District of Columbia:** Washington.—The December meeting of the DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION was held at the Nurses' Home, Providence Hospital. The members and guests were privileged to hear Mary Anderson, Director, Woman's Bureau, U. S. Department of Labor, who gave a general picture of some of the problems regarding women in industries with which her Bureau is particularly concerned. This was followed by a social hour.

**Illinois:** A history of the Chicago Hospital, its School and Alumnae Association has been compiled by a committee of which Martha I. Giltner is chairman. Although the hospital is extinct, the Alumnae Association keeps up its organization, holding a get-together meeting each May. Of the 208 graduates of the school, 23 have died. All but 46 of the living have been heard from. Copies

of the history are to be filed with the Alumnae records and with the First District Association.

**Indiana: Bluffton.**—THE FIRST DISTRICT ASSOCIATION held its regular meeting at the home of Mrs. O. G. Hamilton, January 9. A dainty lunch was served after the business meeting. Twenty nurses were present. **Indianapolis.**—THE NURSES' ALUMNAE OF ST. VINCENT'S HOSPITAL held its annual meeting in December, when the following officers were elected: President, Eugenia Kennedy; vice president, Hazel Goontz; secretary, Helen Moran; treasurer, Emma Hannifan; and four directors. Chairman of committees are: Program, Clara Brook; Nominating, Gertrude Hirt; Visiting, Bernardine Hukman; Social, Emma Hannifan; Membership, Mary Harrold. Mary Meyers, Executive Secretary of the Marion County Tuberculosis Association, gave an interesting talk on the history and use of the Christmas seal. A social hour followed.

**Iowa: Emmetsburg.**—Isabelle White who has served as Superintendent of the Community Hospital for the past three years, has gone to St. Paul, Minnesota, to act as instructor in the Great Northern Hospital. Miss Ernest of Des Moines has taken Miss White's position. **Ft. Dodge.**—Ella Van Horn who received her Master's degree at the State University last June has accepted a position in Emmetsburg, Iowa, as County Public Health Nurse under the auspices of the Red Cross. **Iowa City.**—Jane Wiley of the Sheppard-Towner Staff has recently been appointed by Governor Hammill to fill out the unexpired term of Martha Kretschmar on the Nurses' Examining Board. Alma Hartz has accepted a position in the department of Maternal Welfare of the Sheppard-Towner Clinics, at Iowa City. Jennie McArthur arrived in Iowa City the first of the year to assume her responsibilities as Superintendent of Nurses at the State University Hospital. **Mason City.**—THE TENTH DISTRICT held a social meeting, November 28, at the Park Hospital Nurses' Home. Doctor Stella Mason gave a very interesting account of her recent trip abroad, following which the student nurses served refreshments. **Waterloo.**—Blanche Edwards, who has given such splendid service as Secretary of the State Nurses' Association for the past two years, left at the close of the annual meeting in Davenport, to assume the responsibilities of her new position at Bellevue Hospital, New York.

**Kansas: Concordia.**—CONCORDIA HOSPITAL graduated a class of three on December 26. Addresses were given by Rev. Mr. Holmberg and the staff doctors; diplomas and pins were presented. The exercises were followed by a turkey dinner. **Wichita.**—THE K. N. L. A. NURSES' ASSOCIATION met at the Twentieth Century Club on December 5, with a large attendance. Plans were made for donations for Christmas for some charity. A social hour followed.

**Louisiana:** The semi-annual examination of the LOUISIANA NURSES' BOARD OF EXAMINERS was held in New Orleans and in Shreveport, November 16 and 17. There were one hundred successful applicants, two of whom were colored nurses.

**Maine: Portland.**—THE ALUMNAE ASSOCIATION, MAINE GENERAL HOSPITAL, held its annual meeting in the parlors of the Nurses' Home, January 6, with a good attendance. The reports of the various committees showed that there had been a good deal accomplished during the past year. The active membership has increased 88 per cent. The alumnae has a Benefit Fund of its own and contributes to the Nurses' Relief Fund; it also maintains a registry for its members. The following officers were elected: President, Agnes M. Nelson; vice presidents, Mrs. Lou S. Horne and Betsy C. Edgcomb; secretary, Martha A. Fagan; treasurer, Mabel Blanchard; auditor, Mrs. Katherine Williams McKenney.

**Maryland: Baltimore.**—THE HEBREW HOSPITAL Superintendent and Nurses' Committee made it possible for their ten supervisors to attend the meeting of the Mid-Atlantic Division of the American Nurses' Association, which was held in Washington, in December, paying all of their expenses. One-half of the number attended the convention on the first day and the others on the second. The supervisors greatly appreciated the opportunity.

**Massachusetts: Boston.**—Plans for a new and enlarged PALMER MEMORIAL HOSPITAL have been drawn and have been approved by the medical and surgical authorities. The new hospital will be located on the grounds of the New England Deaconess Hospital. The equipment will be especially designed for the care of chronic cases and the latest and most effective treatment for cancer cases, in particular. THE BOSTON CITY HOSPITAL is to have a new gynecological and obstetrical building.

The first two floors will be devoted to gynecological cases and three floors to obstetrics and nurses for babies. Edna A. Humphrey has resigned as Superintendent of Nurses of the School for Nurses of the MASSACHUSETTS HOMEOPATHIC HOSPITAL.

**Michigan: Detroit.**—THE DETROIT DISTRICT ASSOCIATION held its regular monthly meeting, December 3, at Receiving Hospital. The president, Katherine Kimmick, presided. Ninety members were present. The entertainment was a motion picture by the Canadian Pacific Railway, "Four Days in the Open Sea." After the business meeting a reception was given to new members and refreshments were served. At the Annual Meeting of the Association, held January 8, in the Henry Ford Hospital Educational Building, the following new officers were elected: President, Margaret Rogers; vice presidents, Mrs. Pauline McCormick, Mrs. Edna Gordon; secretary, Lutie Tufts; treasurer, Ethel Jardine; and eight directors. The Chairman of Private Duty Section is Alice Sutherland. The Public Health Section will elect a chairman later. Martha I. Giltner, well known as an active worker in Georgia and Mississippi, will teach Little Mothers' Leagues under the auspices of the Bureau of Child Hygiene of the State Department of Health. The regular meeting of the DETROIT BRANCH OF THE GUILD OF ST. BARNABAS was held December 14, in Grace Chapel, St. Paul's Cathedral, with special Christmas services. THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held its monthly meeting, December 8, in McLaughlin Hall. A report of the Bed Endowment Committee showed that \$1,300 had been raised for this purpose. The Association issues a quarterly bulletin. **Saginaw.**—THE SAGINAW GENERAL HOSPITAL ALUMNAE ASSOCIATION held its monthly meeting on December 1, at the Davis Nurses' Home. The officers elected were: President, Esther Steltzriede; vice presidents, Eleanor Howard, Hulda Lutz; secretary, Mary Howard; treasurer, Isabel Vincent.

**Minnesota:** The joint office of the State Board of Examiners of Nurses and the State Registered Nurses' Association has been moved from the Old State Capital to Room 204, State Capitol, St. Paul. Telephone: Cedar 3020, Station 62. **St. Paul.**—A Christmas party was held at the MOUNDS PARK HOSPITAL for the faculty and students, December 23. Games and a humorous playlet put on by the students, were enjoyed. A visit from

Santa Claus brought many gifts for all. Luncheon was served by the students and the party closed with a tableau, "The Wise Men at the Manger," which was made most effective by the singing of Christmas Carols. On Christmas morning, the students, each with a lighted candle, passed through the corridors singing carols. Fern Vaughn, class of 1924, has accepted a position at the Veterans' Hospital, Outwood, Ky. The regular meeting of ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION was held January 8, at the Hospital. The following officers were installed for the year: President, Anna Stein; vice president, Lena Ginthner; secretary, Winnifred Fabian; treasurer, Gertrude Billion.

**Missouri: Kansas City.**—THE KANSAS CITY GENERAL HOSPITAL NURSES' ALUMNAE held its regular meeting, January 11, at the Hospital. Thirteen new members were added. Minnie McEvoy was appointed chairman to get members for their new club house. A social hour followed.

**New Hampshire:** The second quarterly meeting of the NEW HAMPSHIRE GRADUATE NURSES' ASSOCIATION was held at Manchester, in the Amoskeag Recreation House for Women on December 9. The Public Health nurses of the city acted as hostesses. The meeting was well attended. Judge James W. Remick of Concord gave a very interesting paper on the World Court. A resolution was adopted giving endorsement to the World Court. A social hour followed. **Keene.**—THE ELLIOTT COMMUNITY HOSPITAL held graduating exercises at Mason Temple for the class of 1925. The speakers were Doctor Bottomley, Boston, Mass., Honorable Orville Cain and Dr. R. E. Falkner of Keene. This is the first time the graduation has been held in public.

**New Jersey: Camden.**—For the benefit of the NURSES' ALUMNAE endowed bed at COOPER HOSPITAL, a card party was held on November 13, at which \$500 was realized.

**New York: New York.**—Mary Beard, long associated with public health nursing in Boston, has completed a study of Midwifery in England and Denmark for the Rockefeller Foundation and has recently settled in New York as Special Assistant to the Director of the Division of Studies of the Foundation. Ethel Johns, until recently director of the School of Nursing in the University of British Columbia, sailed in December to join the staff of the Foundation in Paris. Long



**Island City.**—The graduate nurses of St. John's Long Island City Hospital will hold their second reunion dinner at Hotel Pennsylvania, Thursday evening, February 16. All of St. John's graduates whom they are not able to reach by mail, are heartily welcome to attend the dinner. Reservations may be had by notifying Lillian Broomfield, 2145 Ninth Avenue, Astoria, L. I., of their desire to be present that evening. **Rome.**—ROME HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on December 29, at the Nurses' Home. Officers elected were: President, Mildred K. Stedman; vice president, C. Dorothy Hamilton; secretary, Alice G. Carlton; treasurer, Mrs. Laura T. Callery; treasurer of the Mary Griffin Student Loan Fund, E. Mable Fraula.

**North Dakota.** THE NORTH DAKOTA NURSES' ASSOCIATION held a special meeting in Fargo, in December, at which the by-laws of the Association were unanimously amended, changing the date of the annual meeting from April to October. The next annual meeting will be held in October, 1926.

**Ohio: Cincinnati.**—DISTRICT 8 will hold a meeting February 22, at The Christ Hospital Nurses' Home. The program will be under the auspices of The Christ Hospital Alumnae Association. At a meeting of THE CHRIST HOSPITAL ALUMNAE ASSOCIATION, held October 20, 1925, Mary Fischer of the Visiting Nurse Association, spoke on My Trip to Helsingfors. The energies of the Association have been devoted to a bazaar given December 3, for the purpose of raising funds to endow a room at the hospital. The amount realized was \$998. THE JEWISH HOSPITAL School for Nurses will hold a card party and a sale of home made candy and cake, February 16 and 17, the proceeds to be used for a school memorial and for the Alumnae Scholarship Fund. **Columbus.**—The annual meeting and election of DISTRICT 12 were held in connection with a dinner at the Central Presbyterian Church, January 7, seventy-five being present. A novel entertainment was given by C. Graham, impersonator of Harry Lauder. The following officers were elected: President, Lucille Grapes Kinell; vice presidents, Louise Dikdine, Marie Ryan; secretary, Lucille Winttingham; treasurer, Rachael Kidwell; and two directors. The chairman of the registry board is Eva Houston. The next meeting, to be held on February 1, will be devoted to the subject, The World Court, Judge Florence

Allen, speaker. THE ALUMNAE ASSOCIATION OF THE GRANT HOSPITAL SCHOOL OF NURSING held a bazaar at the Nurses' Residence on December 9, 1925. The proceeds amounted to \$525, and will be invested in books for the Nursing School library. A unique feature was the "Foreigners' Booth," cleverly planned and carried out by the School officers whose alumnae are other than Grant. The project brought about a revival of enthusiasm and interest on the part of the members from the class of 1900 to the present time and proved a source of much pleasure to the participants during the months of preparation. **Steubenville.**—THE OHIO VALLEY HOSPITAL ALUMNAE ASSOCIATION held a meeting January 5, in the class rooms of the hospital. The officers elected were: President, Hazel Strasnieder; vice president, Anna Heaston; secretary, Claire Manson; treasurer, Twila Shoemaker.

**Oregon: Portland.**—Grace Phelps, who has been for more than five years Superintendent of the Portland Eye, Ear, Nose and Throat Hospital, has been appointed Superintendent of the new Doernbecher Memorial Hospital which will be opened in April. This will be a general children's hospital and will be operated in connection with the medical school of the University of Oregon. Three months of affiliated training in the care of children will be available to students of other schools. Miss Phelps has had wide experience in administrative and organization work and was chosen because of her proved ability. Pauline Knudson has been appointed Director of Field Work in the city schools. Mae Dwyer is her assistant; Martha Sheridan is a school nurse. **Corvallis.**—Clara Motley has been appointed Assistant Superintendent of Corvallis Hospital. **Eugene.**—Marie Hershey has accepted the position of X-ray Technician and Record Librarian at Christian Hospital. **Milwaukie.**—Mary C. Campbell has been appointed Superintendent of the Open Air Sanitarium, succeeding Edith F. Kendell. Miss Campbell held this position some years ago.

**Pennsylvania: Harrisburg.**—THE HARRISBURG HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting at the Nurses' Home, January 6, Naomi Kapp presiding. After the business session, a very interesting illustrated report of the International Council of Nurses was given by Mrs. Hazel Livingston and Sue Hofnagle. **Huntingdon.**—THE J. C. BLAIR MEMORIAL HOSPITAL held

graduating exercises in October, for a class of ten, followed by a dance at the Nurses' Home. A dance was given by the Alumnae Association at the Huntingdon Country Club, in honor of the class. Indiana.—Emma M. Staufer, class of 1920, Indiana Hospital School for Nurses, will do missionary nursing in Sialkot, Punjab, India, having sailed from Brooklyn, N. Y., November 25, 1925. Philadelphia.—The ALUMNAE ASSOCIATION OF THE JOSEPH PRICE MEMORIAL HOSPITAL met the afternoon of January 8 at the Nurses' Home. The following officers were elected for 1926: President, Mrs. Ella H. Divel Wheeler; vice president, Carolyn Henneberger; secretary-treasurer, Mrs. Helen C. Somers, and two directors. Letters were received from Dr. M. Evelyn Brydon, chief of the Children's Welfare Bureau in Virginia, announcing her marriage to Dr. H. S. Lott of Winston-Salem, N. C. Plans were made to promote a luncheon to be given at the Fuhrman Inn, January 18, to help defray the cost of a piano given to Marie Rustin for her mission school at Posing-Fu, China. The annual dinner was served at 6:30 in the nurses' dining room, about twenty members attending. Mrs. C. Dana Wilkinson read a very clever original poem entitled, "In Training." Pittsburgh.—The January meeting of the ALLEGHENY GENERAL HOSPITAL was given over entirely to business. The following committee chairmen were appointed: Auditing, Jessie R. Gibson; Arrangement, Esther Mason; Eligibility, Grace E. Hood; Nominating, Nellie W. Goody; Endowed Room, Sick and Relief, Leila Barnhart; Press and Publicity, Isabel Chaytor Flynn. THE SOUTH SIDE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the Hospital, January 7. The officers for the year were elected as follows: President, Eliza F. Gans; vice president, Thelma M. Caldwell; secretary, Jennie G. Heston; treasurer, Mrs. Crissmon Merrill. A very interesting report was read by the delegate to the State Convention. Following the meeting a lunch was served by the retiring officers. Reading.—The December meeting of the READING HOSPITAL ALUMNAE was held on December 30 at Medical Hall. The speaker of the evening was Frank Butler, D.D.S., who spoke on The Relation of Oral Sepsis to Systemic Disease. The annual reports were read by the treasurer, Miss Hain. The following officers were elected for the ensuing year: President, Mabel Emerich; vice presidents, Kathryn Boyer, Anne

Martin; secretary, Anne Duncan; treasurer, Edna M. Hain.

Texas: Galveston.—THE ALUMNAE ASSOCIATION OF THE COLLEGE OF NURSING, UNIVERSITY OF TEXAS, at the last meeting, elected the following officers: President, Mrs. M. Engblad; vice president, Mrs. Charles Peek; treasurer, Miss McAnnaly; secretary, Mrs. Winfield Bartzan; and three directors.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION has lost both its president and vice president through removal from the state; the secretary will serve as chairman until a temporary chairman can be chosen by the Directors, in February. The provisions of the SHEPPARD-TOWNER BILL are being administered by Harriet Gardiner of St. Johnsbury. Miss Gardiner is available for a limited number of calls from groups of women of all ages for a talk on Female Hygiene. Patterns for layettes may be obtained from her. Government bulletins on Pre-natal Care and on Infant Care are procurable from Dr. C. F. Dalton, Secretary of the State Board of Health, Burlington.

Virginia: The status of the tuberculosis nurse was the subject for a special called meeting of the GRADUATE NURSES' ASSOCIATION OF VIRGINIA on December 2, at the Jefferson Hotel, Richmond. The outcome was to the effect that the existing law should not be altered, but that certificates be issued entitling the holders to do the work of their specialty in the state. Guests at the meeting were Lillian White, field secretary of the American Nurses' Association; Dr. Ennion G. Williams, State Health Commissioner for Virginia, and Dr. W. E. Brown, of Blue Ridge Sanitarium, near Charlottesville, all of whom spoke illuminatingly on tuberculosis work. There was a meeting of the Board of Directors of the Association at night, at which Martha Baylor, field director of the Foundation Fund, reported that \$40,000 of the \$50,000 required for the establishment of a Chair of Nursing at the University of Virginia was already pledged and that she hoped to be able to announce at the next annual convention of the Association that the entire amount was in hand. Early in the enterprise quotas were assigned to the various cities of Virginia and Richmond, Roanoke, Lynchburg, Alexandria, Harrisonburg and Charlottesville have not only completed their commitments, but have over-subscribed their allotments. At the same meeting of the Board,

the chairmen for the various divisions of the program for the state convention to be held in Lynchburg, May 4-6, made their reports. Mary Scott Jones, Charlottesville, chairman for the private duty session, stated that Charlotte Pfeiffer, Stuart Circle Hospital, Richmond, would speak on Private Duty from the Viewpoint of the Superintendent of a Hospital and that the other details of her part of the program were almost complete. Josephine McLeod, superintendent of University Hospital, Charlottesville, chairman of the Educational Section, announced that Annie W. Goodrich, Professor of Nursing at Yale University, would be guest of honor at the convention and also that Dr. G. A. Larew, of Randolph-Macon College, Lynchburg, would speak on The Possibilities of Vocational Guidance. Virginia Henderson, Miss McLeod reported, is to discuss The Value of Application to Students and Hospital, and Florence Well, Lynchburg, will speak on Postgraduate Courses. Nora Spencer Hammer, chairman of the Public Health Section, which is to feature the afternoon of the second day, declared that she had drawn up her program and expected to have it completed shortly.

**West Virginia: Morgantown.** — Mrs. Susan Cook has accepted a position as Superintendent of Eastmont Sanatorium.

### *Marriages*

**Leona May Allen** (class of 1925, Medical College of Virginia, Hospital Division, Richmond, Va.) to Barrett Boulware, November 1. At home, Miami, Fla.

**Florence Anderson** (class of 1923, Mounds Park Hospital, St. Paul, Minn.) to A. Mickenbaker, December 19, 1925.

**Edna Benson** (class of 1911, St. Mark's Hospital, Salt Lake City, Utah) to Daniel Stephen, December 25. At home, Portland, Oregon.

**Margaret Mable Bevaire** (class of 1923, Brookville Hospital, Brookville, Pa.) to Walter Hattin, November 12. At home, Emerickville, Pa.

**Nellie Clute** (class of 1925, St. Luke's Hospital, Davenport, Iowa) to Arthur William Holmes, December 16. At home, Kansas City, Mo.

**Bertha Daily** (class of 1923, Christ Hospital, Cincinnati, O.) to Walter R. Crum, November 26.

**Pauline Ruth Earlenbaugh** (class of 1918, Altoona Hospital, Altoona, Pa.) to Edmund Darlington Hoopes, Jr., November 25. At home, Chicago, Ill.

**Ethel Gardner** (class of 1925, J. C. Blair Memorial Hospital, Huntingdon, Pa.), to Newton Morton, November 28. At home, Harrisburg, Pa.

**Gladys Gates** (class of 1920, Good Samaritan Hospital, Portland, Ore.) to Ninean Nielson, January 6. At home, Oakland, California.

**Martha Gehris** (class of 1921, Cooper Hospital, Camden, N. J.) to Robert Stuck, M.D., November 12.

**Kate Belle Hummell** (class of 1924, Brookville Hospital, Brookville, Pa.) to Grant Monk, November 10. At home, Corsica, Pa.

**Leona Jameson** (class of 1923, Fall River General Hospital, Fall River, Mass.) to William McClune Sachse, December 25. At home, Chattanooga, Tenn.

**Mattie McLain** (class of 1924, Christ Hospital, Cincinnati, O.) to Joseph Golden, December 7.

**C. Ada Myers** (class of 1920, Carlisle Hospital, Carlisle, Pa.) to Warren B. Free, December 8.

**Beulah H. Nash** (class of 1922, State University Hospital, Iowa City, Ia.) to George E. Lichty, January 5. At home, Waterloo, Ia.

**Hilja Alexandra Pajunen** (class of 1923, Mounds Park Sanitarium, St. Paul, Minn.) to Leonard Mattson, January 1. At home, Chisholm, Minn.

**Mabel E. Prince** (class of 1911, Germantown Hospital, Philadelphia) to Ernest Barney Yeatts, November 24.

**Edna M. Walter** (class of 1920, Denver General Hospital, Denver, Colo.) to F. J. Boyce, November 10. At home, Denver.

**Vera Weinberg** (class of 1925, Christ Hospital, Cincinnati, O.) to Sam Lichoe, November 3, 1925.

**Hazel Wilson** (class of 1919, Iowa Methodist Hospital, Des Moines, Ia.) to Marion J. Rasendahl, December 14. At home, Ypsilanti, Mich.

**Pearl Wilt** (class of 1919, J. C. Blair Memorial Hospital, Huntingdon, Pa.) to J. P. Harris, November 15. At home, Altoona, Pa.

## Deaths

Nellie N. Bragg (class of 1919, Battle Creek Sanitarium and Hospital School of Nursing) on December 30, after an illness of several weeks. Miss Bragg was a member of the Alumni Association of her School, also of the Battle Creek District Association. Previous to her illness she had been doing special nursing at the Battle Creek Sanitarium where she was much loved by her patients for the capable and devoted care she gave them. Her loyal friendship, devoted service and excellent character had won for her many friends who will miss her greatly.

Mary Finn (Riverside Hospital, Buffalo, N. Y.) on October 10, from injuries received from a fall. After her graduation, Miss Finn returned to Rome, N. Y., and took up private nursing. Miss Finn will be greatly missed by her associates.

Ruth Foley (class of 1918, Allegheny General Hospital, Pittsburgh, Pa.) at Leach Farm Tuberculosis Hospital, December 27. Miss Foley has been employed by the Pittsburgh Department of Health, as a child welfare nurse, ever since her graduation and her devotion to her work and the necessary exposure to all kinds of weather were too much for her frail constitution. Her nurse associates and numberless friends she has created in her work, mourn her loss.

Elvira Freisheim (class of 1917, St. Joseph's Hospital, St. Paul, Minn.) on January 5, in Rochester, Minn.

Mrs. Frank Harris (Pauline Grüniger, class of 1900, Germantown Dispensary and Hospital, Philadelphia, Pa.) suddenly, in Philadelphia. Mrs. Harris was faithful to her Alumnae Association and her family.

Isabel Leiffring (class of 1909, St. Joseph's Hospital, St. Paul, Minn.) in December, 1925, in California. Burial was at Durand, Wisconsin.

Mrs. Edgar T. Chatham (Rebecca McKellar, class of 1912, Allegheny General Hospital, Pittsburgh, Pa.) December 18, 1925. Mrs. Chatham's death was a very great shock to her relatives and friends. She walked into the hospital a short time before for treatment, for what was considered a minor throat trouble, but developed pneumonia immediately after the examination, which resulted in her death. She was a wonderful homemaker; the deepest sympathy goes to this grief stricken family from every member of the Alumnae Association, of which she was a member.

Hilda Beatrice Morris (class of 1914, St. Luke's Hospital, Chicago). Miss Morris served overseas with St. Luke's Unit, No. 14, during the World War, and after her return did Red Cross public health nursing. She resigned a position she was holding at Tekamah, Nebraska, to study at Simmons College, but failing health compelled her to remain in Sioux Falls. (The clipping containing this notice had no date, nor was the name of the newspaper or place of publication attached, so the information is incomplete.—Ed.)

Ida R. Palmer (Newport Hospital, Newport, Rhode Island) on January 15, at the Kalispell General Hospital, Kalispell, Montana. Miss Palmer did private duty nursing most of her professional life, though at one time she held a position in the Rochester General Hospital, Rochester, N. Y., while making her home with her sister, Sophia F. Palmer, editor of the *Journal*. Miss Palmer moved to Kalispell about eighteen years ago. She had not been feeling well for some time, and on New Year's Eve she was taken to the Hospital where she was tenderly cared for by Sisters and students among whom she had been an inspiring influence. At the services in her home and at the grave, twenty-four nurses, graduates and students, formed a guard of honor. Heartfelt tributes were paid to her memory,—her unselfishness and high ideals.



*"She went as quiet as the dew  
From a familiar flower,  
Not like the dew did she return  
At the accustomed hour."*

EMILY DICKINSON.



---

## About Books

---

**PRACTICAL CLINICAL PSYCHIATRY FOR STUDENTS AND PRACTITIONERS.** By Edward A. Strecker, A.M., M.D., and Franklin G. Ebaugh, A.B., M.D. First Edition, 1925. Illustrated. 375 pages. P. Blakiston's Son and Company. Philadelphia. Price, \$4.

THE preface of this book describes in a very concise and interesting manner the reasons for the method used throughout the volume, and emphasizes the importance to the physician, nurse and social worker of having the psychiatric point of view in their attitudes toward their patients. It reminds the student that the mind and body are inseparable; that physically ill patients have psychiatric disturbances to a greater or less degree, and that if the nurse is to be successful, she must be able to recognize psychiatric symptoms and have the ability to treat them as well as to recognize and treat the physical symptoms.

The diagrams illustrating factors of environment, heredity and symptoms of certain psychoses, are very good and tend to clarify all the discussions of the respective subjects.

The method followed in the presentation of the subject matter is very splendid and especially good for one unfamiliar with psychiatry. It is interesting to note that all those diseases and disorders classified as mental diseases and disorders, are discussed as subdivisions of eight broad terms: Organic Psychoses, Toxic Psychoses with Somatic Diseases, Manic Depressive Psychoses, Involutional and Pre-Senile Psychoses, Dementia Praecox, Paranoia and Paranoid Conditions, the Psycho-neuroses, Constitutional Psychopathic Inferiority, and Mental Deficiency. In the treatment of these broad terms we

first find a complete sub-classification. Following this is a vivid picture of a case suffering with this particular psychosis. These word pictures are so presented that all the salient points of the case are brought out. Symptoms are enumerated, family and personal histories are referred to, physical, mental, neurological and laboratory findings are given, and the course in the hospital, described in such a manner that the whole is a bird's-eye view of the psychosis. Following these very remarkable descriptions, there is a discussion which applies specifically to the points as manifested in the actual case which has been presented.

It is obvious that this method is a practical one, and is most interesting from a student's standpoint.

MAY KENNEDY,

*Director, School of Psychiatric Nursing,  
Chicago, Illinois.*

**HEALTH THROUGH PREVENTION AND CONTROL OF DISEASE.** By Thomas D. Wood, M.D., and Hugh Grant Rowell, M.D. 122 pages. World Book Company, Yonkers, N. Y. Price, \$1.

THIS book is primarily for school nurses, doctors and teachers. It will undoubtedly serve as a basis for a program of disease control in many schools. Excellent routine procedures for the handling of the morning inspection, re-admission and exclusion of pupils are outlined and a number of devices are suggested.

A large part of the book is given over to standards of quarantine and facts regarding contagious diseases. It is confusing to find, in different chapters, instructions at variance with each other on control of the same disease. It is to

be regretted that this material has not been condensed in such form that the preferred rules governing the exclusion of pupils might, with the approval of the proper authorities, be adopted by school boards.

An educational program is suggested for the home as well as the school and some answers given to questions parents may raise. Nurses will find these chapters of assistance in planning the educational phase of their program for disease control.

BEATRICE SHORT,  
*New York.*

A SHORT LIFE OF FLORENCE NIGHTINGALE. Abridged from the *Life* by Sir Edward Cook, with additional matter, by Rosalind Nash. Illustrated. 404 pages. The Macmillan Company, New York. Price, \$3.50.

THIS "Short Life" is put out in the familiar format of the Macmillan texts. It is the standard two-volume *Life* by Sir Edward Cook in shortened form but with some rearrangement of material and some fresh material added by one who is of Miss Nightingale's family and who writes out of personal knowledge.

"Now that the fruits of Florence Nightingale's pioneer work in nursing have been gathered, it is not altogether easy to understand the difficulties that stood in her way," says the author.

Had a nurse been the biographer, this sentence probably would not have been written, but the book does the useful service of reminding her followers that difficulties did not disappear at the wave of a hand for her any more than for her successors, but because of vision, courage, and persistency. The intense spiritual flame that illumined her whole life is apparent throughout.

She had a fervent belief in God, and could sometimes feel a reverent interest in doctrines as human attempts to interpret aspects of

spiritual truth; but her own mind was not troubled by disputations concerning creeds or the claims of churches.

Into the sixty-odd pages of Part I, have been compressed the fascinating material on her early life and character and preparation for her life work that occupied double the space in the earlier book; while in an appendix, Miss Nash takes issue with Lytton Strachey who she believes actually caricatured Miss Nightingale in "Eminent Victorians."

The story of her labors in the Crimea, told in Part II, moves along irresistibly and gives a comprehensive picture of this revolutionary epoch in nursing history. Under the title, "The Lesson for England," Part III is devoted to her work with the War Office "reforming its methods and creating new ones" to the end that a horrid disaster of neglect like the early months of the Crimean War should not be duplicated.

"In the years following the Crimean War her authority on hospital hygiene and hospital construction ruled paramount" runs the biography. Her genius for statistics is so often forgotten that it is stimulating to find again the statement that she wrote a paper on her standard classification of diseases and uniform hospital statistics for the International Statistical Congress meeting in London in 1866. The new edition gives an adequate picture, for those who cannot spend longer time, of the life of this great woman who was, in Miss Goodrich's fine phrase, "the archetype of the nurse" and therefore not only nurse but statistician and sanitarian as well. This book should be available to students in all our schools, to the members of all nurses' clubs, and a part of the private library of all book loving nurses who are not already the fortunate possessors of the longer work. It would find wide usefulness on the reference shelves of high schools.

# Official Directory

**International Council of Nurses.**—Headquarters secretary, Christiane Reimann, 1 Place du Lac, Geneva, Switzerland.

**The American Journal of Nursing Company.**—Headquarters, 370 Seventh Ave., New York. Business Office, 19 West Main St., Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Secretary, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md.

**The American Nurses' Association.**—Headquarters, 370 Seventh Ave., New York. Director, Agnes G. Deans, 370 Seventh Ave., New York. President, Adda Eldredge, Bureau of Nursing Education, Board of Health, Madison, Wis. Secretary, Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treasurer, V. Lota Lorimer, 11705 Detroit Ave., Lakewood, O. Sections: Private Duty, Chairman, Helen F. Greaney, 8620 Montgomery Ave., Chestnut Hill, Pa. Mental Hygiene, Chairman, May Kennedy, Chicago State Hospital, Chicago, Ill. Legislation, Chairman, A. Louise Dietrich, 1001 E. Nevada Street, El Paso, Tex. Government Nursing Service Section, Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. Relief Fund Committee, Chairman, Elizabeth E. Golding, 317 West 45th St., New York, N. Y.

**The National League of Nursing Education.**—Headquarters, 370 Seventh Ave., New York. President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass. Secretary, Ada Belle McCleery, Evanston Hospital, Evanston, Ill. Treas., Marion Rottman, Bellevue Hospital, New York. Executive Secretary, Blanche Pfeifferkorn, 370 7th Ave., New York.

**The National Organization for Public Health Nursing.**—President, Elizabeth G. Fox, 2151 California St., N. W., Washington, D. C. Acting Director, Theresa Kraker, 370 Seventh Ave., New York.

**Isabel Hampton Robb Memorial Fund Committee.**—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main St., Rochester, N. Y.

**New England Division, American Nurses' Association.**—President, Sally Johnson, Massachusetts General Hospital, Boston, Mass. Secretary, Esther Dart, Stillman Infirmary, Cambridge, Mass.

**Middle Atlantic Division.**—President, Mrs. Anne L. Hansen, 181 Franklin St., Buffalo, N. Y. Secretary, Annie Crighton, University Hospital, Baltimore, Md.

**Northwestern Division, American Nurses' Association.**—President, Grace Phelps, 616 Lovejoy St., Portland, Ore. Secretary, Mayme Kube, Good Samaritan Hospital, Portland, Ore.

**Nursing Service, American Red Cross.**—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

**Army Nurse Corps, U. S. A.**—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

**Navy Nurse Corps, U. S. N.**—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

**U. S. Public Health Service Nurse Corps.**—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

**Nursing Service, U. S. Veterans' Bureau.**—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

**Department of Nursing Education, Teachers College, New York.**—Director, Isabel M. Stewart, Teachers College, Columbia University.

## State Associations of Nurses

**Alabama.**—President, Annie M. Beddow, Norwood Hospital, Birmingham. Secretary, Grace Hoerig, St. Vincent's Hospital, Birmingham. President examining board, Helen MacLean, Walker County Hospital, Jasper. Secretary, Linna H. Denny, 1808 North 7th Ave., Birmingham.

**Arizona.**—President, Mrs. Gertrude Russell, Box 822, Phoenix. Secretary, Bertha Case, 869 North First Ave., Phoenix. President examining board, Kathryn G. Hutchinson, Tombstone. Secretary-treasurer, Catherine O. Beagin, Box 248, Prescott.

**Arkansas.**—President, Mrs. Maud Teasdale, 1006 McGowan St., Little Rock. Secretary, Blanche Tomaszewski, 1004 W. 24th St., Pine Bluff. President examining board, Walter G. Eberle, M.D., First National Bank Building, Fort Smith. Secretary-treasurer, Ruth Riley, Fayetteville.

**California.**—President, S. Gotea Dozier, 2037 Larkin St., San Francisco. Secretary, Mrs. J. H. Taylor, 743 Call Building, San Francisco. State League President, Daisy Dean Urch, 821 Pacific Finance Bldg., Los Angeles. Secretary, Edith M. Schenick, San Francisco Hospital, San Francisco. Director, Bureau of Registration of Nurses, Anna C. Jamme, State Building, San Francisco.

**Colorado.**—President, Mrs. May M. Carpenter, 1027 Fillmore St., Denver. Secretary, Ruth Gray, 1820 North Weber St., Colorado Springs. State League President, Laura Elder, St. Luke's Hospital, Denver. Secretary, Mary Carney, St. Joseph's Hospital, Denver. President examining board, Luella Morrison, Children's Hospital, Denver. Secretary, Louise Perrin, State House, Denver.



**Connecticut.**—President, Abbie M. Gilbert, 202 Main St., South Farms, Middletown. Secretary, Mrs. Cora Conklin, 23 Elm St., East Haven. State League President, Harriet Leck, 47 Allyn St., Hartford. Secretary, Mary Gerow Trites, Hartford Hospital, Hartford. President examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Secretary, Mrs. Winifred A. Hart, 109 Rocton Ave., Bridgeport.

**Delaware.**—President, Mary A. Moran, 1313 Clayton St., Wilmington. Secretary, Ione M. Ludwig, 1112 Shalcross Ave., Wilmington. President examining board, Harold L. Springer, M.D., 1021 Washington St., Wilmington. Secretary, Mary A. Moran, 1313 Clayton St., Wilmington.

**District of Columbia.**—President, Gertrude Bowling, Inst. Visiting Nurse Society, Washington. Secretary, Mrs. Frances M. Elzey, 1115 Fairmont St., Washington. District League President, Julia C. Stimson, War Department, Washington. Secretary, Mrs. Isabelle W. Baker, American Red Cross, Washington. President examining board, Elizabeth Melby, Walter Reed Hospital, Washington. Secretary-treasurer, Alice M. Prentiss, 1337 K St., N.W., Washington.

**Florida.**—President, Mrs. Lucy Knox McGee, State Board of Health, Jacksonville. Secretary, Rosa B. Paschal, Riverside Hospital, Jacksonville. President examining board, Anna L. Fetting, 15 Rhode Ave., St. Augustine. Secretary-treasurer, Mrs. Louisa B. Benham, Hawthorne.

**Georgia.**—President, Lucy M. Hall, 522 East 40th St., Savannah. Secretary, Agnes P. McGinley, Athens General Hospital, Athens. President examining board, Jessie M. Candlish, 20 Ponce de Leon Ave., Atlanta. Secretary-treasurer, Jane Van De Vrede, 688 Highland Ave., Atlanta.

**Idaho.**—President, Beatrice Reichert, 1711 N. 12th St., Boise. Secretary, Barbara Williams, St. Luke's Hospital, Boise. Department of Law Enforcement, Bureau of Licenses. Examiner, Napina Hanley, State Capitol, Boise.

**Illinois.**—President, Sara B. Place, 308 N. Michigan Ave., Chicago. Secretary, May Kennedy, 6400 Irving Park Blvd., Chicago. State League President, Evelyn Wood, 30 East Ontario St., Chicago. Secretary, Olga Andresen, 2449 S. Dearborn St., Chicago. Superintendent of Registration, Addison M. Shelton, State Capitol, Springfield.

**Indiana.**—President, Elizabeth Goepfinger, Culver Hospital, Crawfordsville. Secretary, Elizabeth P. Pitman, Indiana Christian Hospital, Indianapolis. Executive secretary and educational director, Mrs. Alma H. Scott, 309 State House, Indianapolis. State League President, Mrs. Ethel P. Clark, Robert Long Hospital, Indianapolis. Secretary, Edna L. Hamilton, Public Health Nursing Service, Indianapolis. President examining board, Edith G. Willis, Good Samaritan Hospital, Vincennes.

Secretary, Clare E. Brook, 333 State House, Indianapolis.

**Iowa.**—President, Nelle R. Morris, Summit Apartments, Iowa City. Secretary, Maude E. Sutton, Park Hospital, Mason City. State League President, Esther Jackson, Iowa Lutheran Hospital, Des Moines. Secretary, Lola Lindsay, University Hospital, Iowa City. President examining board, Sara O'Neill, 310 Davidson Bldg., Sioux City. Secretary, Martha Kretschmar, 1007 Franklin St., Waterloo.

**Kansas.**—President, Mrs. C. C. Bailey, 312 West 12th St., Topeka. Secretary, Caroline E. Barkemeyer, 306 Locust St., Halstead. State League President, Ethel Hastings, Bethany Methodist Hospital, Kansas City. Secretary, Mrs. Dorothy Jackson, Asbury Hospital, Salina. President examining board, Sister Catherine Voth, Bethel Deaconess Hospital, Newton. Secretary-treasurer, M. Helena Hailey, 961 Brooks Ave., Topeka.

**Kentucky.**—President, Harriet Cleek, 165 Woodland Ave., Lexington. Corresponding secretary, Jane A. Hambleton, 922 South 6th St., Louisville. State League President, Flora E. Keen, Thierman Apt. C-1, 416 W. Breckenridge St., Louisville. Secretary, Cornelia D. Erskine, City Hospital, Louisville. President examining board, Sophia F. Steinhauer, Speers Memorial Hospital, Dayton. Secretary, Flora E. Keen, Thierman Apt., C-1, 416 W. Breckenridge St., Louisville.

**Louisiana.**—President, Geneva Peters, 1040 Margaret Place, Shreveport. Secretary, Mary Trammel, North Louisiana Sanitarium, Shreveport. State League President, Anna Smith, Lady of the Lake Hospital, Baton Rouge. Secretary-treasurer, Margaret A. Price, Hotel Dieu, New Orleans. President examining board, George S. Brown, M.D., 1229 Maison Blanche, New Orleans. Secretary-treasurer, Julia C. Tebo, 27 Cusachs Bldg., New Orleans.

**Maine.**—President, Edith L. Soule, 55 East-ern Ave., Augusta. Secretary, Louise Hopkins, 246 Essex St., Bangor. President examining board, Agnes Nelson, Maine General Hospital, Portland. Secretary-treas., Rachel A. Metcalfe, Central Maine General Hospital, Lewiston.

**Maryland.**—President, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore. Secretary, Sarah F. Martin, 1211 Cathedral St., Baltimore. State League President, Annie Crighton, University Hospital, Baltimore. Secretary, Edna S. Calvert, Johns Hopkins Hospital, Baltimore. President examining board, Helen C. Bartlett, 604 Reservoir St., Baltimore. Secretary and treasurer, Mary Cary Packard, 1211 Cathedral St., Baltimore.

**Massachusetts.**—President, Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston, 19. Corresponding secretary, Helen Blaisdell, Peter Bent Brigham Hospital, Boston. President State League, Sally Johnson, Massachusetts General Hospital, Boston. Secretary, Ruth Humphreys, Newton Hospital, Newton Lower Falls.



President examining board, Jessie E. Catton, State House, Boston. Secretary, Henry M. Vaughan, M.D., State House, Boston.

**Michigan.**—President, Mary A. Welsh, Blodgett Memorial Hospital, Grand Rapids. Corresponding secretary, Mabel Haggman, Hurley Hospital, Flint. General secretary, Mary C. Wheeler, 4708 Brush St., Detroit. State League President, Alice Lake, University Hospital, Ann Arbor. Secretary, Helen M. Pollock, Hurley Hospital, Flint. President examining board, Richard M. Olin, M.D., Lansing. Secretary, Mrs. Helen de Spelder Moore, 622 State Office Bldg., Lansing. Inspector, Mrs. Adelaide Northam, 622 State Office Bldg., Lansing.

**Minnesota.**—President, Caroline Rankielour, 3809 Portland Ave., Minneapolis. Secretary, Dora Cornelisen, 204 State Capitol, St. Paul. President State League, Bessie Baker, Miller Hospital, St. Paul. Secretary, Mae E. Coloton, Abbott Hospital, Minneapolis. President examining board, Mrs. Sophie Olson Hein, 219 S. Lexington Avenue, St. Paul. Secretary, Dora Cornelisen, 204 State Capitol, St. Paul. Educational director, Mary E. Gladwin, 204 State Capitol, St. Paul.

**Mississippi.**—President, Mary H. Trigg, King's Daughters' Hospital, Greenwood. Secretary, Mrs. James A. Cameron, 511 Bay St., Hattiesburg. President examining board, Dr. J. H. Fox, Jackson. Secretary-treasurer, Aurelia Baker, McComb.

**Missouri.**—President, Marie Brockman, 414 Locust St., St. Louis. Secretary, Esther M. Cousley, 5120 Delmar Blvd., St. Louis. State League President, Helen Farnsworth, Junior College, 11th and Locust, Kansas City. Secretary, Louise Yale, Children's Mercy Hospital, Kansas City. President examining board, Mary G. Burman, Children's Mercy Hospital, Kansas City. Secretary, Jannett G. Flanagan, 529-a East High St., Jefferson City.

**Montana.**—President, F. L. Kerlee, Montana State Hospital, Warm Springs. Secretary, Frances Vollmer, Sunnyside Ranch, East Helena. President examining board, E. Augusta Ariss, Deaconess Hospital, Great Falls. Secretary-treasurer, Frances Friederichs, Box 928, Helena.

**Nebraska.**—President, Homer, C. Harris, Clarkson Hospital, Omaha. Secretary, Vida Nevison, Clarkson Memorial Hospital, Omaha. State League President, Charlotte Burgess, University Hospital, Omaha. Secretary, Homer Harris, Clarkson Hospital, Omaha. Bureau of examining board, secretary, Lincoln Frost, Department of Public Welfare, State House, Lincoln.

**Nevada.**—President, J. B. MacLeod, Colonial Hotel, Reno. Secretary, Marion Ballesty, 547 Ralston St., Reno. Secretary examining board, Mary E. Evans, 631 West St., Reno.

**New Hampshire.**—President, Mrs. Ethelyn Dutcher Jenkins, 92 West St., Concord. Secretary, Blanche E. Sanderson, Chamber of Com-

merce, Laconia. State League President, Mrs. Agnes C. Whidden, 11 Kingley St., Nashua. Secretary, Belle Valentine, New Hampshire State Hospital, Concord. President examining board, Mrs. Harriet Kingsford, Mary Hitchcock Hospital, Hanover. Secretary, Ednah Cameron, 8 North State St., Concord.

**New Jersey.**—President, Virginia Chetwood, 266 Main St., Hackensack. Secretary, Hettie Seifert, 42 Bleecker St., Newark. Executive secretary, Arabella R. Creech, 42 Bleecker St., Newark. State League President, Jessie M. Murdock, Jersey City Hospital, Jersey City. Secretary, Hettie Seifert, 42 Bleecker St., Newark. President examining board, Elizabeth J. Higbid, 42 Bleecker St., Newark. Secretary-treasurer, Mrs. Agnes Keane Fraentzel, 42 Bleecker St., Newark.

**New Mexico.**—President, Stella Corbin, Methodist Sanitarium, Albuquerque. Secretary, Minnie Krueger, 306 S. Edith St., Albuquerque. President examining board, Sister Mary Lawrence, St. Joseph's Hospital, Albuquerque. Secretary and treasurer, Ella J. Bartlett, Presbyterian Sanatorium, Albuquerque.

**New York.**—President, Louise R. Sherwood, 703 Bear St., Syracuse. Secretary, Ella F. Sinsebox, 443 Linwood Ave., Buffalo. State League President, Elizabeth C. Burgess, Teachers College, New York. Secretary, Mary E. Robinson, 340 Henry St., Brooklyn. President examining board, Lydia E. Anderson, 167 Prospect Pl., Brooklyn. Sec., Alice Shepard Gilman, State Education Bldg., Albany.

**North Carolina.**—President, Columbia Munds, Public Health Dept., Wilmington. Secretary, Mrs. Bessie Powell, 308 North 3d St., Wilmington. State League chairman, Edna L. Heinzerling, Baptist Hospital, Winston-Salem. Secretary, Susan G. Brown, James Walker Memorial Hospital, Wilmington. Educational director, Lula West, Martin Memorial Hospital, Mt. Airy. President examining board, Mary P. Laxton, Biltmore. Secretary-treasurer, Mrs. Dorothy Hayden Conyers, Box 1307, Greensboro.

**North Dakota.**—President, Edith B. Piereson, Health Demonstration, Fargo. Corresponding secretary, Esther Teichmann, 811 Ave. C., Bismarck. State League President, Sister M. Kathla, St. Michael's Hospital, Grand Forks. Secretary, Sister Gilbert, St. Joseph's Hospital, Fargo. President examining board, Mildred Clark, General Hospital, Devils Lake. Secretary, Josephine Stennes, Rugby.

**Ohio.**—President, Mary A. Jamieson, Grant Hospital, Columbus. Secretary, Mrs. Lucile Grapes Kinnell, 199 Webster Park, Columbus. General secretary, Mrs. E. P. August, 215 Hartman Theatre Building, 79 East State St., Columbus. Chief Examiner, Caroline V. McKee, 275 South Fourth St., Columbus. Secretary, Dr. H. M. Platter, 275 South Fourth St., Columbus.

**Oklahoma.**—President, Anna Picklum, 530 E. Reno St., El Reno. Secretary, Mrs.

Virginia Tolbert Fowler, 622 E. 12th St., Oklahoma City. State League President, Mrs. Ethel Hopkins, Methodist Hospital, Guthrie. Secretary, Mrs. Edna E. Powell, Masonic Hospital, Cherokee. President examining board, Bess Ross, U. S. Veterans Hospital, Muskogee. Secretary-treasurer, Olive Salmon, 200 E. 8th St., Oklahoma City.

Oregon.—President, Margaret Tynan, 234 N. 19th St., Portland. Secretary, Jane V. Doyle, 660 Johnson St., Portland. State League President, Alvide Aarnes, Good Samaritan Hospital, Portland. Secretary, Helen Hartley, University of Oregon, Portland. President examining board, Emily Sanders 405 Larch St., Portland. Secretary, Grace L. Taylor, 448 Center St., Salem.

Pennsylvania.—President, Jessie J. Turnbull, Elizabeth Steck Magee Hospital, Pittsburgh. Secretary-treasurer, Netta Ford, 42 Central Bank Building, York. State League President, Mary C. Eden, Presbyterian Hospital, Philadelphia. Secretary, Margaret S. Lundy, Howard Hospital, Philadelphia. President examining board, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Secretary-treasurer, Helene Hermann, 812 Mechanics Trust Bldg., Harrisburg.

Rhode Island.—President, Winifred Fitzpatrick, 118 North Main Street, Providence. Corresponding secretary, Edith Barnard, 425 Broadway, Providence. State League President, Sarah C. Barry, City Hospital, Providence. Secretary, Mary E. Corcoran, Butler Hospital, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lucy C. Ayers, Woonsocket Hospital, Woonsocket.

South Carolina.—President, A. B. Commer, Florence Infirmary, Florence. Secretary, Mrs. Esther G. Mouzon, 717 North McQueen St., Florence. Secretary board of nurse examiners, A. Earl Booser, M.D., Columbia.

South Dakota.—President, Carrie E. Chitt, 1205 West Blvd., Rapid City. Corresponding secretary, Margaret Hoover, 302 Dakota Life Bldg., Watertown. President examining board, Bothilda U. Olson, 510 N. Fourth Ave., Mitchell. Secretary-treasurer, Mrs. Elizabeth Dryborough, Rapid City.

Tennessee.—President, Abbie Roberts, George Peabody College, Nashville. Secretary, Mrs. W. M. Johnson, R. F. D. 11, Knoxville. President examining board, B. V. Howard, M.D., Knoxville. Secretary, Annette Beal, 402 Woodland St., Nashville.

Texas.—President, Anne Taylor, 204 Linwood Blvd., San Antonio. Secretary-treasurer, A. Louise Dietrich, 1001 E. Nevada St., El Paso. State League President, Mrs. Robert

Jolly, Baptist Hospital, Houston. Secretary, L. Jane Duffy, State Board of Health, Austin. President examining board, Mrs. J. R. Lehman, 2910 Shenandoah St., Dallas. Secretary, Mary Grisby, Box 1557, Waco.

Utah.—President, Blanche Henderson, 686 Milton Ave., Salt Lake City. Secretary, Jane Rawlinson, Salt Lake County Hospital, Salt Lake City, Department of Registration, Capitol Bldg., Salt Lake City.

Vermont.—President, Office temporarily vacant. Secretary, Mrs. Joseph W. Blakely, 11 Winter St., Montpelier. President examining board, Donley C. Hawley, M.D., Burlington. Secretary, Celia E. Brian, Brattleboro Hospital, Brattleboro.

Virginia.—President, Agnes D. Randolph, 1032 West Grace St., Richmond. Secretary, Natalie Curtis, Sheltering Arms Hospital, Richmond. President examining board, Emma C. Harlan, 206 Ridge St., Charlottesville. Secretary-treasurer and Inspector of Training Schools, Ethel M. Smith, Craigsville.

Washington.—President, Mrs. Ella W. Harrison, General Hospital, Everett. Secretary, Cora E. Gillespie, Room 4, Y. W. C. A., Seattle. State League President, Evelyn H. Hall, Seattle General Hospital, Seattle. Secretary, Carolyn Davis, Minor Hospital, Seattle. Director of Licenses, Fred J. Dibble, Olympia.

West Virginia.—President, Mrs. C. W. Trent, P. O. Box 250, Charleston. Secretary, Mrs. C. R. Madden, Beckley Hospital, Beckley. President examining board, Frank La-Moyne Hupp, M.D., Wheeling. Secretary, Mrs. Andrew Wilson, 1300 Byron St., Wheeling.

Wisconsin.—President, Cornelia Van Kooy, 558 Jefferson St., Milwaukee. Secretary, Mrs. C. D. Partridge, 527 Layton Ave., Cudahy. State League President, Grace TeBrake, Children's Hospital, Milwaukee. Secretary, Rose Newman, Mt. Sinai Hospital, Milwaukee. Director, Bureau of Nursing Education, Adda Eldredge, State Board of Health, Madison.

Wyoming.—President, Mrs. Isabel Nelson, Natrona General Hospital, Casper. Secretary, Mrs. Ella Hanson MacDonald, Bishop Randall Hospital, Lander. President examining board, Mrs. Agnes Donovan, Sheridan. Secretary, Mrs. H. C. Olsen, 3122 Warren Ave., Cheyenne.

### *Territorial Associations*

Hawaii.—President, Mabel Smythe, Palama Settlement, Honolulu. Secretary, Ella Kappel, Palama Settlement, Honolulu.

Porto Rico.—President, Rosa A. Gonzalez, P. O. Box 289, San Juan. Secretary, Olympia Torres, American Red Cross, San Juan.

### *Where to Send Material for the Journal*

Send news items, subscriptions, changes of address, book orders and all business correspondence to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y. Send articles for publication, books for review, and editorial correspondence to *The American Journal of Nursing*, 370 Seventh Ave., New York.